



Manitoba
January, 2003

OFFICE OF THE
AUDITOR GENERAL

*An Examination of
RHA Governance
in Manitoba*

As a leader in promoting
enhanced accountability of
government to the citizens of
Manitoba, the Office of the
Auditor General will contribute
to greater public trust and
confidence in the institutions
of government.



Vision

As a leader in promoting enhanced accountability of government to the citizens of Manitoba, the Office of the Auditor General will contribute to greater public trust and confidence in the institutions of government.

Mission

To contribute to effective governance by the Manitoba Legislature, we provide the Members of the Legislative Assembly with independent assurance and advice on:

government accountability information;

compliance with legislative authorities;

and the operational performance of government.

Values

IN INTERPERSONAL RELATIONSHIPS

Respect ***Honesty***

Integrity ***Openness***

IN ACHIEVING OUR VISION AND MISSION

Teamwork

Independence

Balanced Perspectives

Professional Excellence



Office of the Auditor General

500 - 330 Portage Avenue
Winnipeg, Manitoba R3C 0C4

January 2003

The Honourable George Hickes

Speaker of the House
Room 244, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Sir:

I have the honour to transmit herewith my January 2003 report on
An Examination of RHA Governance in Manitoba to be laid before
Members of the Legislative Assembly in accordance with the
provisions of Section 28 of The Auditor General Act.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'Jon W. Singleton'. The signature is fluid and cursive, with a prominent loop at the end.

Jon W. Singleton, CA•CISA
Auditor General

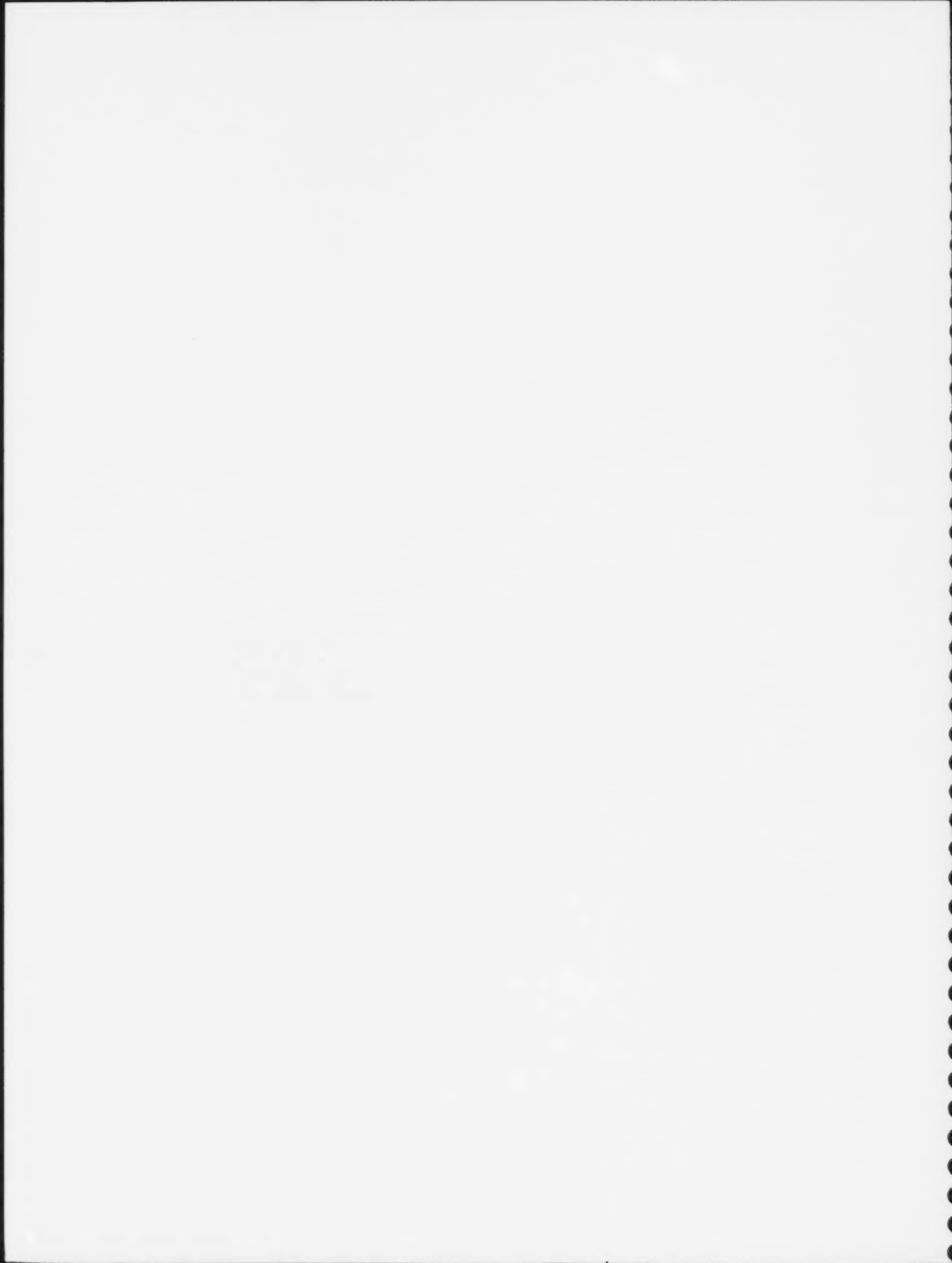
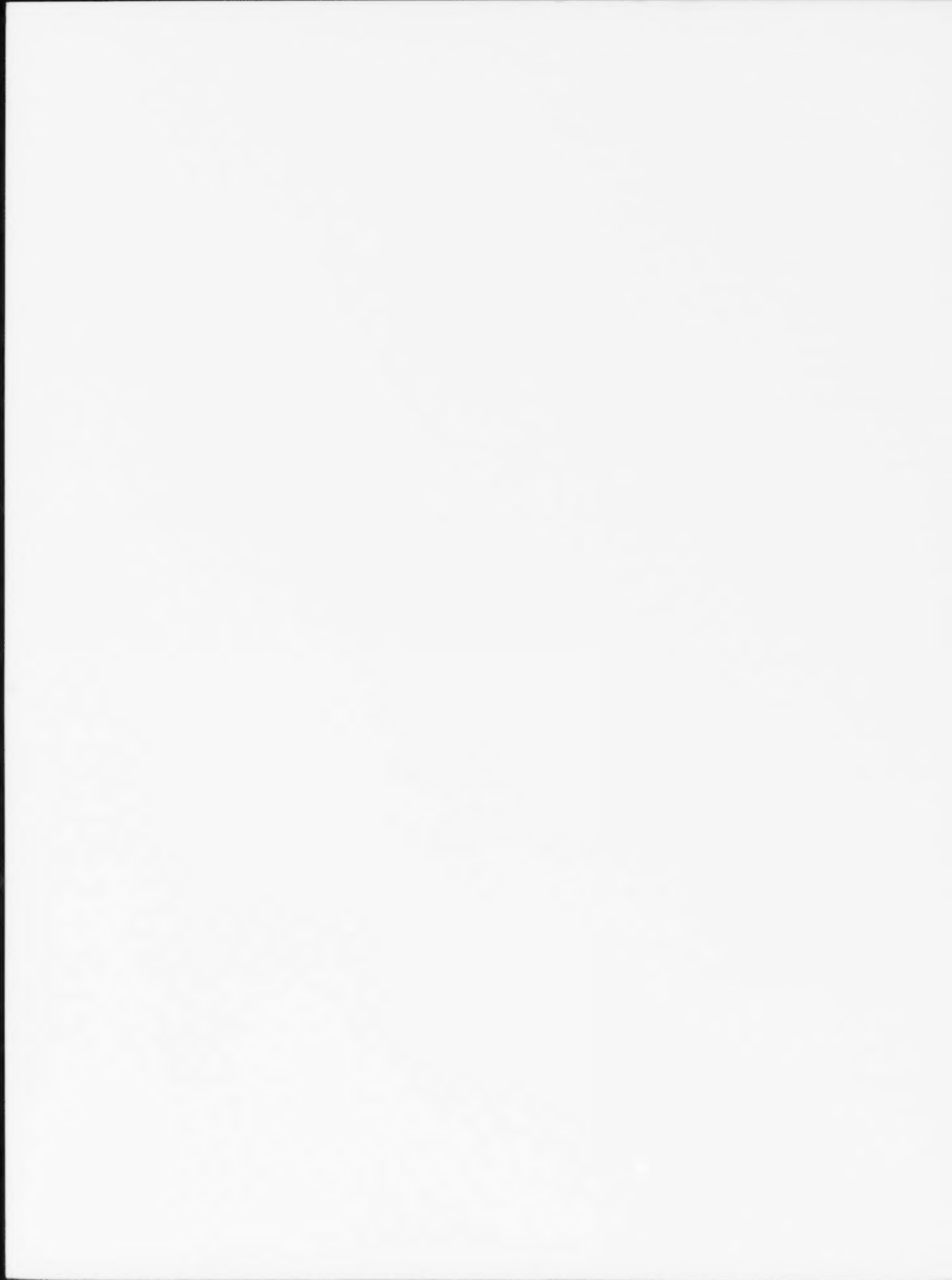


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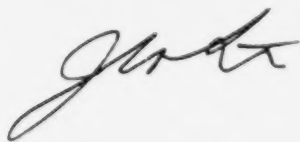
This is the third report in our series studying the state of governance in Manitoba public sector organizations. The first two in the series dealt with Crown organizations and school boards.

A number of common threads run through all three reports. Typically, board members strongly support the principles of good governance set out by my Office. However, concerns regarding the relationship between public sector boards and government were raised in all three studies. I acknowledge that this is a difficult relationship to manage. But I also believe that the benefits of "getting it right" are considerable, and I strongly encourage board members and related ministers to work together to clarify respective roles and responsibilities.

My Office has issued several reports in the past few years in which poor governance practices were a root cause of the problems encountered. These situations make it increasingly apparent that good governance practices are an essential component of ensuring that public organizations are well run and that they operate within their legislative mandate. They further suggest that the avoidance of inappropriate risk is also an essential role of the board.

The community of citizens who have agreed to serve Manitobans by acting on public sector boards, especially RHA boards, bring tremendous potential to our public organizations. The significant response to our survey by RHA board members and CEOs is indicative of their keen interest in issues of governance and RHA effectiveness, and I thank them for taking the time to share their insights. Their commitment to providing Manitobans with high quality healthcare is evident.

I encourage all RHA boards and their administrations to examine the detailed findings in this report. I hope that this will lead to meaningful dialogue that contributes to enhanced RHA governance.



Jon W. Singleton, CA•CISA



Report Overview

INTRODUCTION

Board governance, and the elusive question of its effectiveness, has received ever-increasing attention in recent years. Private sector board scandals, resulting in the collapse of Bre-X Minerals Ltd. and Livent Inc. in Canada, and US corporate giants Enron Corporation and WorldCom Inc., have made international headlines and have caused an intensified interest in issues of board governance and accountability. Recent work by the Toronto Stock Exchange and the Joint Committee on Corporate Governance show that Canadians are also questioning whether our current approaches to corporate governance are as effective as desired.

The public sector is certainly not immune to failures in its governance practices and there has been a general recognition in Canada that effective governance in public sector organizations is an important contributor to the well being of our communities. As a result, legislative auditors throughout Canada have been encouraging the review and enhancement of public sector board governance practices.

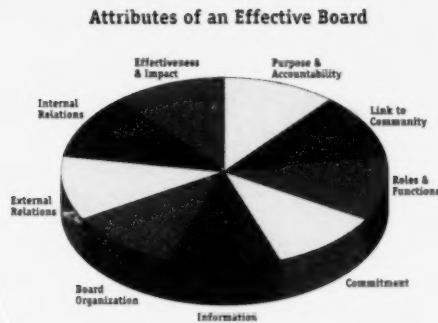
As Auditor General of Manitoba, I believe that effective governance is a key component to ensuring that the citizens of our province are well served by their public institutions. Consistent with my Office's vision of contributing to greater public trust and confidence in the institutions of government, I began a series of governance reviews in various areas of Manitoba's public sector. The first study, *An Examination of Governance in Manitoba's Crown Organizations* (1998), explored the governance practices of 29 Crown corporations and agencies within the government reporting entity. The second study, *An Examination of School Board Governance in Manitoba* (2000), explored the governance practices of the 54 public school boards in the province.¹ The interest and ongoing discussion generated by these reports confirms that the citizens of Manitoba are keenly aware of and concerned about issues of governance.

This study is the third component in my Office's ongoing exploration of public sector board governance and it examines the board governance practices of Manitoba's Regional Health Authorities (RHAs). The purpose of this study is to:

- Gain an improved understanding of the state of RHA board governance.
- Foster a dialogue around opportunities to improve RHA board governance practices.

This study of RHA governance utilizes a Model of Governance, developed by our Office, which provides a "picture" of the attributes of an effective board. The Model of Governance upon which our governance reviews are based incorporates best practices and leading perspectives in board governance research. Drawing on the four pillars of good governance - Stewardship, Leadership, Responsibility, and Accountability - our Model identifies a set of nine attributes that represent the attributes of an effective board. We believe that, in general, the more a board fulfils each of these attributes, the more effective it is. A more detailed discussion of the Model is found on page 17.

¹ Copies of previously published OAG Governance reports are available on our website: www.oag.mb.ca



Using this Model, we conducted a survey that sought the opinions of all RHA board members and Chief Executive Officers (CEOs) in Manitoba, on how well their RHA board performs on each attribute of the Model. The survey was designed to provide an overall picture of RHA board governance in Manitoba, not to focus on any particular RHA board, nor on any specific issues of public health policy. The survey was conducted in February/March 2002. We received 112 completed questionnaires; an overall response rate of 71%.

KEY FINDINGS AND CONCLUSIONS

Our survey revealed that the attributes of our Model of Governance are strongly endorsed by RHA board members and CEOs, as outlining important attributes of effective RHA board governance. Given this common understanding, the Model provides a basis upon which to review and deepen our knowledge of RHA board governance practices in Manitoba.

This overview discusses the contribution of each attribute to effective governance and highlights key findings and conclusions from the main report. A series of questions are raised based on these results and the anomalies reported between current RHA board practices and the Model. We hope that this will help foster a dialogue among all those interested in RHA governance. We encourage all RHA boards to reflect upon these questions and assess their applicability to their own unique environment, in order to further enhance their effectiveness.

ATTRIBUTE 1: Purpose and Accountability

A shared aim and purpose is vital for effective board governance. By holding a purpose in common, a set of individuals coalesces into a group, a team: the board. Formal goals, as set forth in the mandate and mission of an organization, are often vague and general in nature, and are clarified as they are discussed and put into practice. Given this, debating the goals and identifying shared priorities are two of the key activities that enable a board to add meaning to the shared aim. Further, an articulated strategic plan allows both board members and senior management to agree on the priorities which will enable the mandate to be achieved. Effective governance therefore requires significant time and attention be paid to organizational vision, mission, goals and priorities.

- RHA board members and CEOs report that they clearly understand the mandate and goals of their RHA and that they have taken adequate steps to develop their objectives and priorities. They further report that specific performance goals are identified annually, and operational risks are adequately assessed.
- There is some indication that improvements can be made in the strategic planning process and in the use of the strategic plan in RHA board decision-making.
- Overall, RHA board members and CEOs are generally satisfied with the performance of their RHA in achieving the goals established by the board.

How can strategic planning be improved and effectively utilized in RHA decision-making?

Associated with the right to act is the responsibility to be accountable for what is accomplished. RHA boards are responsible for the direction of the organization and are therefore accountable for what is accomplished. This situates the RHA board as the ultimate authority for the organization.

- RHA board members accept their accountability for the RHA and indicated that RHA accountability to the Minister of Health is clearly understood. However, the considerable lower agreement by CEOs may indicate that further clarification is required.
- There is a clear indication from RHA board members and CEOs that the expectations between government and the RHA boards need to be more clearly defined. Yet, both RHA board members and CEOs report that RHAs are adequately fulfilling their accountability to the Minister.
- RHA board members and CEOs do not generally feel that RHA boards have the proper authorities to operate effectively. Many reported that the shared authorities between RHAs and Manitoba Health lead to ambiguities in their role. Further, there was a strong indication that the purpose of RHA boards and regionalization is not well understood by Manitobans.

Having been given the responsibility to act, a board has an obligation to answer for its actions. Therefore, reporting is an extremely important part of accountability. Accountability information needs to be provided on a regular basis, in an understandable and unbiased fashion, and should provide an evaluation of organizational performance.

- While the majority of RHA board members feel that their board is doing an adequate job of meeting reporting requirements, there was somewhat less agreement as to whether the accountability information allows the public and government to adequately evaluate RHA performance.

Given that there was no hesitation in indicating that the board is the ultimate authority for the RHA, it is of interest to note that RHA board members and CEOs do not allocate all governance responsibility to their RHA board. Responsibility for RHA governance is perceived to be shared. This perception of shared governance appears to be inconsistent with a board's ultimate responsibility for governance. Our previous governance reviews of public sector boards has found a similar inconsistency.

- RHA board members assign only 45% of total governance responsibility to themselves; more than half the responsibility is perceived to rest with other stakeholders, such as the CEO, the Minister of Health, and Manitoba Health.

ATTRIBUTE 2: Rationale and Link to Community

A board's legitimacy comes, in part, from it being comprised of individuals who have the appropriate mix of knowledge and skills, and who represent their stakeholders/community. By being representative of their stakeholders/community, board members are perceived to reflect the desires, needs, values and perspectives of that community. This is what forms the link between the governors and those governed. Clarity as to whom a board member represents, and on whose behalf they act, is therefore a fundamental component of effective governance.

What improvements can be made to clarify the accountability relationship between RHAs and the Minister of Health?

What impact does the perception of shared governance have on RHA board accountability? What can RHA boards do to clarify this perception?

How can the gap between the optimal mix of board member skills and the current composition of RHA boards be lessened?

- Leadership skills are perceived to be of most importance in being an effective RHA board member. Representing community values/ethics, as well as demographics, was also seen to be important for RHA board members. Past experience in a related health field and medical/health expertise were not perceived to be an important characteristic of an effective RHA board member.
- RHA board members and CEOs indicated that a gap exists between the current composition of RHA boards and the board member characteristics and skills deemed to be important. The largest gaps were seen to exist in the areas of having RHA board members with leadership skills and professional expertise (legal, financial, etc.).
- RHA board members noted that they primarily represent the interests of the clients/patients of the RHA on the board. Given that RHA board members are politically appointed, it is interesting to note that representing the interests of government was seen as one of the least important for RHA board members.
- RHA boards are perceived to adequately reflect the diverse nature of their regional communities. Further, RHA boards report that the values which guide their decision-making have been clarified.

What role can RHA boards play in board member recruitment?

Recruitment, the process of ensuring that RHA boards are comprised of people with the necessary knowledge, ability and commitment to fulfil their responsibilities, is an important area of board functioning. Given that only half of RHA board members and even less CEOs are satisfied, the current method of appointing new members to RHA boards is an area that may warrant further examination.

- Timeliness of filling RHA board vacancies may be an issue and there is an indication that the RHAs would like to see further consultation with government on the required qualification and skills when appointing new board members. RHA boards may wish to consider preparing a profile of required qualifications and skills as information for the Minister to consider when appointing new members.

ATTRIBUTE 3: Board Roles, Responsibilities and Functions

Three primary roles are generally ascribed to a board: that of holding overall authority; that of constructive critic; and that of advocate for the organization. Each of these board roles has different functions and expectations associated with it: as the ultimate authority, the board takes responsibility and accountability for the mandate and goals of the organization; as a constructive critic, the board examines what has been accomplished or is being proposed, and provides feedback and commentary on the functioning of the organization; and as an advocate, the board represents and celebrates the contributions of the organization to the community. These roles can require quite different mindsets and behaviours. As what is required in one role may conflict with another, it is important for a board to be clear on which role is being performed at any given time.

- Both RHA board members and CEOs indicate that RHA boards understand and are generally fulfilling these three primary roles. Further, performing

the board functions and carrying out RHA board responsibilities - in other words, the board job - is deemed to be a manageable one.

- RHA board members report that they have sufficient information as to their duties and responsibilities and that they were appropriately oriented to the board when appointed. For the majority of RHA board members, the board role has turned out to be consistent with their expectations.

RHA board members and CEOs endorsed most of the board functions as being important responsibilities of an effective RHA board. When asked to assess their RHA board's performance on each of the board functions, both RHA board members and CEOs self-assessed a performance gap in the majority of functions. That is, they report the effectiveness of their RHA board in performing the function as substantively less than the importance accorded to the function.

- While both RHA board members and CEOs self-assessed a performance gap in fulfilling certain board functions, the particular functions noted by each as having the largest performance gap are quite different. The largest performance gap for RHA board members existed in: developing communication plans; collaborating effectively with external stakeholders/ organizations; ensuring effective management information systems are in place; and evaluating CEO performance. CEOs had quite a different impression of board performance, and noted that the largest performance gap existed in: providing input/advice to the Minister of Health on issues that affect the RHA.

ATTRIBUTE 4: Level of Board Member Commitment

Effective board governance requires commitment. Members of any board need to commit both individually, and as a group, to the goals of the organization and the processes set in place for the board to achieve them. Board governance literature often assumes that board members will give to their board all the time and energy that is needed for good governance. This assumption may not accurately reflect that the part-time position of board member may conflict with other salient responsibilities (that of full-time career, wife/husband, parent, etc.). Moreover, it does not recognize the composition of the board as a group, in which some members may not see that their contribution of time and energy makes a difference, and thus, may leave the actual work of governance to others.

- Overall, RHA board members indicated that they are highly committed to their RHA and care about the RHA's contribution to their community.
- RHA board members are diligent in their contribution to the board. They devote considerable time and energy to their board duties; on average, about 19 hours per month. Even given this large time commitment, absenteeism at board meetings is not reported to be a problem. However, there is some indication that more is required from some, as over 40% of RHA board members reported that their fellow board members are not devoting the necessary time to do an adequate job.

How can RHA boards improve their performance on the board functions deemed most important by their specific board?

What can be learned from the different perspectives held by board members and CEOs with respect to board performance?

What are the implications of board members self-assessing their own commitment as high, while expressing concern about the commitment of other board members?

- The majority of RHA board members feel valued and appreciated as a member of their RHA board, and few board members felt that being on the RHA board was a waste of their time.
- Although less than half of RHA board members indicated that the stipend paid adequately compensates them for their involvement, the majority of RHA board members perceive their RHA board role and contribution to be 'worth it'.

ATTRIBUTE 5: Information for Decision-making

Information is a key contributor to effective board decisions. Board members have a duty to ask for and expect quality information, on a timely basis for decision-making. Information is often assumed to be neutral and unbiased; it is not. Information is developed and perceived through particular views and paradigms. It is generally prepared for a specific purpose that needs to be kept in mind when interpreting the information. There are two major strategies used to counteract these limitations with information. The first is to involve several people in a decision. Thus, through the various individuals on a board, different perspectives are brought together in decision-making, which balances the sole perspective of any one decision-maker. The second is to have more than one source of information. Multiple sources of information may serve to counteract any distortion that exists in a single source.

How can RHA boards assess their information needs to ensure information provided adequately enables the board to make good choices among alternatives and use limited resources wisely?

- RHA board members perceive the information provided to their RHA board to be adequate, and appropriate for decision-making. Information provided to RHA boards is reported to be generally understandable and clear, and to be pre-circulated in sufficient time to enable RHA board members' participation in decision-making. As less than half of RHA board members report that the information they receive provides them with sufficient alternative courses of action from which to select, this aspect may require improvement. Further, only about half of RHA board members indicated that an assessment of the board's information needs is carried out on a regular basis.
- The majority of RHA board members are generally satisfied with the advice and recommendations provided by RHA senior management. The quality of the information provided to RHA boards was perceived to be satisfactory on most characteristics; the lowest rated characteristic was how the information allows the board to use resources effectively and efficiently.

To what extent should RHA boards obtain external information and expertise to counteract their dependence on internal information?

Sole reliance on internal sources of information may require improvement, and the use of external sources of information to provide RHA boards with information independent of the reports it receives from the RHA's senior management may need to be clarified.

- The use of external sources of information, independent of RHA administration, is only reported by about half of RHA board members. A quarter of RHA board members indicated their board did not use external sources. However, all CEOs indicated that such information is provided to RHA boards.

Improvement is required in the information provided to RHA boards from Manitoba Health, according to both RHA board members and CEOs. Less than half of RHA board members and only a fifth of CEOs indicated they are satisfied with the information currently being received.

- Only one-third of RHA board members and even less CEOs indicated that Manitoba Health provides their RHA with the appropriate information for them to do an adequate job.
- The timeliness with which information is provided from Manitoba Health was also noted as requiring improvement; CEOs were especially critical of the timeliness of information provided.

ATTRIBUTE 6: Board Organization

To do its job effectively, a board needs to be well organized with the appropriate processes and structures in place to accomplish its goals. Further, an appropriate board culture, one in which all board members feel free to participate and contribute, must be established to ensure the board works well together.

- Structurally, RHA board members and CEOs report that RHA boards are generally well organized to the job required, and are 'about right' in terms of size. While the majority of CEOs (89%) are satisfied with the Policy Governance approach utilized by RHA boards, RHA board members (66%) are somewhat more reserved in their judgement.
- The majority of RHA board members and all CEOs indicated that the appropriate board committees have been established and perceive them to be doing a good job of carrying out their responsibilities.
- RHA board processes are perceived to be working well. The number and frequency of board meetings held is considered "about right" and board agendas are perceived to be well organized and relevant.
- The Chairs of RHA boards were generally reported to be doing a good job of facilitating board meetings. The current process for selecting/ changing the Chair was seen to be an issue by about a third of RHA board members.
- Less than half of RHA board members (44%) and even fewer CEOs (22%) perceive that RHA boards have the proper authorities to operate the RHA effectively; 39% of RHA board members and 44% of CEOs indicated they do not. This issue warrants further examination.

Board culture is often defined as the capacity of board members to work well together in order to advance the aim and goals of the organization.

- RHA board members and CEOs perceive the culture of their RHA boards to be a good one and report that RHA boards work well as a team. RHA board members have the opportunity to express their views at board meetings and there appears to be no hesitation by RHA board members in participating in board discussions.
- Almost all RHA board members indicated they feel comfortable taking an opposing view from other board members at board meetings. Even so,

What can be done to ensure that RHA board members receive appropriate information on a timely basis for decision-making from Manitoba Health?

How can an effective Audit Committee contribute to the performance of an RHA board?

What, if any, further authorities do RHA boards require in order to operate the RHA effectively?

most RHA boards report that they are able to resolve conflicting positions on the board, and once a decision is made, RHA board members put aside any differences and assume collective responsibility for that decision.

ATTRIBUTE 7: External Board Relationships

A board never operates in isolation. While a board is generally independent and autonomous, it is also interdependent with its community and the context within which it operates. There is a need for boards to understand their environment and the other actors, stakeholders, and competitors in the system. Significant external relationships for a board include its clients, its funders, any partners or service providers, as well as the public.

Public sector boards are especially impacted by their relationship with government. They are usually dependent, to some extent, on government for resources, and may be required to take direction and/or implement policy directives and standards specified by government. The result can be a complex and often confused relationship. The ultimate authority a public sector board has for its organization can be impacted if this key board relationship is not carefully managed. Balancing this interdependence with government, with the independence of the board, is an essential aspect of effective board governance in the public sector.

An RHA board's primary legislated accountability relationship is to the Minister of Health. Our exploration of the relationship between RHA boards and government revealed a complex and confused relationship.

- Although there is some indication RHA accountability to the Minister of Health requires clarification, RHA board members and CEOs report that they are adequately fulfilling their accountability obligations to the Minister.
- RHA boards are not perceived to be overly constrained by government legislation, yet RHA boards do not feel they have been given the proper authorities to operate the RHA effectively. The shared authorities between RHAs and Manitoba Health have led to ambiguity in the role of RHA boards and need to be clarified.
- RHAs are not perceived to be appropriately independent of government to make effective decisions for their region, and RHA board members do not feel that RHA's have sufficient control over healthcare in Manitoba.

How can the relationship between RHA boards and government be clarified and improved?

Effective communication and consultation with government is an issue, likely more so for CEOs than for RHA board members.

- The majority of RHA board members and CEOs do not believe that government has provided them with a consistent message about its expectations, and that government's long-term goals to improve healthcare have not been made clear.
- Further, as noted previously, RHA board members and CEOs were not generally satisfied with the adequacy and timeliness of information provided to RHA boards from Manitoba Health.

- More than half of RHA board members and CEOs feel that RHAs do not have sufficient influence over provincial health policy decisions that affect their region.

RHA boards have a number of other external relationships that impact the work they do. The key relationship is with the citizens of their region and the people served by the RHA. Relationships also exist with other RHAs, District Health Advisory Councils, and the non-devolved boards of hospitals/institutions in some regions.

- RHA boards feel that they adequately consider the interests of all key stakeholders in making their decisions. Being pressured from too many groups with conflicting views was not an issue for RHA boards.
- RHA board members view themselves to be most accountable to the residents of their region, and generally feel that they are doing a good job of community consultation.
- RHA board members do not feel that the decisions of other RHA boards has much impact on them, yet CEOs do. CEOs are also more likely than RHA board members to believe that the RHAs are working well together overall.

What impact do RHAs have on each other, and how can the relationship amongst RHAs be enhanced?

ATTRIBUTE 8: Internal Relationships

The relationship between a RHA board and its CEO is one of the most important internal relationships for a RHA. The CEO acts, in most cases, as the main conduit of information between the RHA's administration and the board. S/he generally sits at the apex of the RHA's management team, and is responsible for the implementation of the board's decisions. While an RHA board member's position is part-time and for a specified term, the CEO's position is full-time, permanent and a source of professional prestige and livelihood. Although the board, as ultimate authority, hires and evaluates the CEO, the CEO accrues power from his/her greater knowledge of the functioning of the RHA, his/her awareness of its history, and through peer relationships built over time. As such, the CEO is a key contributor to any organization's success.

The board form of governance assumes that, as the board has ultimate authority, the board retains all authorities not specified or delegated to management. The board can then decide to delegate these residual authorities when, and as, the situation warrants. If these residual authorities are considered to automatically fall to the authority of the CEO, an erosion in the board form of governance may be perceived to occur. It is important, therefore, that there be clarity in the allocation and sharing of power and authority between a RHA board and its CEO.

RHA boards indicate that they have developed an effective working relationship with their CEOs.

- The relationship between RHA boards and their CEO is a strong, collegial one. RHA board members consider the CEO's role to be highly important and that clear expectations of the CEO have been set. RHA board members and CEOs report that they share a common view of the RHA's priorities and that the CEO acts to further the RHA board's objectives.

What are the implications of allowing the board's residual authority to rest with the CEO?

- RHA board members rely on the CEO to keep them informed and are generally satisfied with the advice and recommendations received from their CEOs. They also indicated that they had no hesitation in revisiting and if need be, reversing decisions made by senior management. CEOs had a different view, with the majority indicating that RHA board members do not reverse management decisions.
- In the working relationship, the lines of authority between RHA boards and their CEO are perceived to have been clarified and the majority of RHA board members and CEOs agree with the level of authority accorded the CEOs.
- The majority of RHA board members and CEOs noted that they perceive the CEO as ultimately more responsible for RHA effectiveness than the board. Further, about three-quarters of RHA board members indicated that any authorities not specifically those of the board fall to the CEO. Hence, for many, residual authority is automatically accorded to the CEO. CEOs strongly agreed with this observation.

ATTRIBUTE 9: Board Effectiveness and Impact

All of the foregoing attributes integrate to create the overall contribution of the board to its RHA: the contribution of good governance. Determining the effectiveness of a board has been the subject of much research. As no objective indicators of effectiveness have been developed, the standard approach is to ask board members to self-assess their perception of board effectiveness. However, the limitation with this approach is that it is strictly a value-judgement made by those directly involved, and research studies have indicated that people, in making such value-judgements of their own effectiveness, are largely overconfident.

- RHA board members and CEOs strongly endorse the belief that board performance should be evaluated on a periodic basis, and there is indication that conducting such evaluations is seen to result in positive changes to board performance.
- RHA board members and CEOs self-assess themselves to be effective at what they do and they report that RHA boards are carrying out their responsibilities effectively. Further, both RHA board members and CEOs are satisfied overall with the accomplishments of their RHA board.

To move beyond self-assessments of effectiveness, our Model of Governance looks at how a RHA board actually impacts, or makes a difference to, the RHA for which it is responsible. While some board evaluations use policy creation as a measure of impact, we did not feel that this policy perspective provides a unique activity upon which to assess board effectiveness, as many different parts of an organization are involved in the development and implementation of policy. Boards do, however, specifically make decisions. Hence, the Model of Governance defines the RHA board's service to its RHA as its decisions. In order to more objectively assess RHA board effectiveness, our survey examined the RHA board members' perceptions of the quality of their board decisions.

- RHA board members and CEOs report that their RHA board's decision-making is productive and efficient. The quality of debate on matters

before the board is reported to be effective and decisions are not perceived to be reconsidered too often. Board decision-making is not perceived to be hampered by a lack of knowledge and understanding of issues, nor by RHA board members representing special interests on the board.

- Overall, RHA board members and CEOs are confident that their RHA board generally makes good decisions.

As the Model of Governance defines board decisions as the board's output, the outcome of board governance is deemed to be the impact of the RHA board's decisions on the organization. Our survey findings reveal that the impact of RHA board decisions may be somewhat more limited than desired.

- While the majority of RHA board members disagreed, almost a third of RHA board members indicated that their board acts as a "rubber-stamp" for management decisions.
- Further, although the majority of RHA board members agreed that RHA boards should, as necessary, change the policy recommendations made to it by senior management, few RHA board members and no CEOs agreed that they do in fact make such changes. Instead, almost half of RHA board members and even greater CEOs indicated that such changes do not occur.

RHA board members generally believe that their RHA board is effective when the RHA's services meet the health needs of the community. However, it is our belief that board effectiveness should be differentiated from organizational effectiveness. It should not be assumed that the board is effective when its organization achieves success, nor conversely, that a board is ineffective if its organization experiences difficulties. Distinguishing RHA board effectiveness from organizational performance necessitates that a RHA board be clear on its desired outcomes and that it establish objective measures to evaluate the board's unique contribution. Differentiating board effectiveness from overall organizational effectiveness is an area that will require further exploration.

What objective measures of effectiveness could a RHA board develop to assess their own performance and unique contribution to the RHA, as distinguished from the organization's overall effectiveness?

CONCLUDING OBSERVATIONS

The significant response to our survey by RHA board members and CEOs is indicative of their keen interest in governance issues and their commitment to enhancing the effectiveness of RHA board governance. Given the length of our survey questionnaire, the extra time taken by many RHA board members and CEOs to raise additional governance issues or to further clarify their thoughts about particular aspects of the survey is significant, and much appreciated.

RHA boards are relatively young in their evolution and the process of regionalization comparatively recent. The many open-ended comments received dealing with issues of regionalization indicate that RHAs are reaching a stage of maturity where further enhancement and clarification of regionalization and the role of RHA boards may be constructive.

- The majority of RHA board members and CEOs perceive that the purpose of RHAs and regionalization is not well understood by residents of their

How can RHA boards engage their communities to increase understanding of regionalization and the role/impact of RHAs?

region. Obviously, more can be done by both RHA boards and government to improve public awareness.

- Overall, RHA board members and CEOs are confident that to date, their RHA boards have had a positive impact on healthcare in their regions. However, with respect to the future, only 39% of RHA board members told us they were confident that the healthcare system in Manitoba is improving and will continue to do so; almost as many RHA board members disagreed. CEOs had a much more positive outlook, with 78% stating their confidence that the system is improving and will continue to do so.
- The most frequent comments provided by respondents dealt with funding issues and the long-term financial outlook for healthcare in Manitoba. There is no doubt that these issues will require further review and clarification, and will present a significant challenge for RHA boards and governments in the future.

Overall, our survey results revealed much that is positive in the operation of RHA boards and identified a number of areas where further thought is warranted. The Model of Governance presented in this report outlines a number of attributes for effective governance. However, there is no "one size fits all" solution for effective governance. Rather, the Model should simply be used as a basis for RHA board discussions around best practices and practical solutions that suit each individual board's unique situation.

Effective governance in any public sector organization takes hard work and sustained effort by all involved. The result of such efforts is improved organizational effectiveness, and stronger accountability processes. These are key components to ensuring that the citizens of Manitoba are well served by public institutions, such as RHAs.

We hope this report provides a basis for an active and thoughtful dialogue on enhancing RHA board governance practices. We encourage all Manitobans interested in RHA boards and regionalization to contribute to this dialogue and assist RHA board members, RHA management, as well as the Minister of Health and Manitoba Health, in enhancing the contribution that effective RHA boards can make to our community and to healthcare in Manitoba. As Auditor General, I look forward to joining in that dialogue.

Introduction

Board governance, and the elusive question of its effectiveness, has received ever-increasing attention in recent years. Private sector board scandals, resulting in the collapse of Bre-X Minerals Ltd. and Livent Inc. in Canada, and US corporate giants Enron Corporation and WorldCom Inc., have made international headlines and have caused an intensified interest in issues of board governance and accountability. Recent work by the Toronto Stock Exchange and the Joint Committee on Corporate Governance show that Canadians are also questioning whether our current approaches to corporate governance are as effective as desired.

The public sector is certainly not immune to failures in its governance practices and there has been a general recognition in Canada that effective governance in public sector organizations is an important contributor to the well-being of our communities. As a result, legislative auditors throughout Canada have been encouraging the review and enhancement of public sector board governance practices.

As Auditor General of Manitoba, I believe that effective governance is a key component to ensuring that the citizens of our province are well served by their public institutions. Consistent with my Office's vision of contributing to greater public trust and confidence in the institutions of government, I began a series of governance reviews in various areas of Manitoba's public sector. The first study, *An Examination of Governance in Manitoba's Crown Organizations* (1998), explored the governance practices of 29 Crown corporations and agencies within the government reporting entity. The second study, *An Examination of School Board Governance in Manitoba* (2000), explored the governance practices of the 54 public school boards in the province.² The interest and ongoing discussion generated by these reports confirms that the citizens of Manitoba are keenly aware of and concerned about issues of governance.

This study is the third component in my Office's ongoing exploration of board governance and it examines the board governance practices of Manitoba's Regional Health Authorities (RHAs). The purpose of this study is to:

- Gain an improved understanding of the state of RHA board governance;
- Foster a dialogue around opportunities to improve RHA governance practices.

This study of RHA governance utilizes a Model of Governance, developed by our Office, which provides a 'picture' of the attributes of an effective board. Using this Model, we conducted a survey that sought the opinions of all RHA board members and Chief Executive Officers (CEOs) in Manitoba, on how well their RHA board performs on each attribute of the Model.

² Copies of previously published OAG Governance reports are available on our website: www.oag.mb.ca

Our Model of Governance

Governance is a process of transformation, with people working together in specified relationships to enable effective decision-making. With its focus on the responsibilities and actions of a governing body, governance involves:

- **Setting Direction**
 - The aim toward which a board steers itself and its organization.
- **People Working Together**
 - Board members exercising and expressing their attitudes, beliefs and value systems on matters pertaining to the mandate of the organization.
- **Structure and Processes**
 - The formal means used to achieve the aim, and to direct and manage an organization's operations and activities.

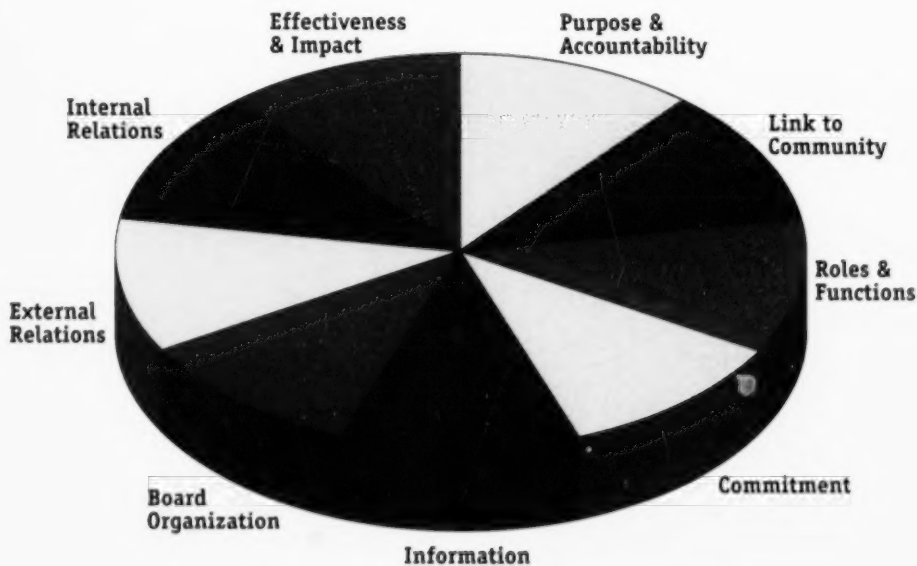
A literature review of leading practices in board governance reveals a number of models and approaches for governance, all of which build upon four pillars of good governance:

- **Stewardship** - As stewards, boards act for others, have authority over their organization, and are trustees of the organization's mandate as well as its resources. A board therefore is sovereign and has ultimate authority for its organization. As a result of this stewardship, a public sector board needs to honour the trust citizens have placed in it.
- **Leadership** - Governance fulfils a leadership function in society. Leadership is about the relationship between the governors and those governed. As leaders, boards are expected to reflect the value system and priorities of the community from which they are drawn. Through the board, individuals accept the challenge to develop positive relationships, ensure respect between parties, and build a sense of belonging in the group.
- **Responsibility** - Having a fiduciary responsibility, boards are expected to manage the resources of the organization efficiently and effectively to accomplish the desired aim. Board members are expected to be reliable, and to allow appropriate factors and considerations to affect their judgement, including consideration of the effect of their decisions on others. They are also expected to devote the personal time and energy to ensure that governance is appropriate and adequate.
- **Accountability** - Boards are ultimately accountable for the actions of their organization. Accountability is the responsibility to answer for the discharge of responsibilities that affect others in important ways. It requires that boards understand who is responsible for what, what performance is to be achieved, and what information needs to be shared to ensure appropriate decision-making.

Within these four pillars, there is a core perspective on what it is that a board should do. Drawing on this, and based upon a review of leading research, perspectives and practices of board governance, we identified a set of nine attributes that operationalize each of the

four pillars. Incorporating both a structural and behavioural perspective to board governance, these nine attributes represent the attributes of an effective board; our Model of Governance (see Figure). We believe that, in general, the more a board fulfils each of these attributes, the more effective it is.

Attributes of an Effective Board



Our Model of Governance was first introduced in our June 1998 Report to the Legislative Assembly, entitled *An Examination of Governance in Manitoba's Crown Organizations*, and re-examined in our October 2000 report, *An Examination of School Board Governance in Manitoba*. The findings of our previous governance studies indicate that the attributes of our Model of Governance are strongly supported as reflecting valid contributors to effective board governance.

This report explores the attributes of our Model of Governance in relation to the effective governance of RHA boards. The study was structured to:

- Determine whether there is a common understanding of governance, by asking whether RHA board members and CEOs agree that the nine attributes outlined in our Model are valid.
- Explore each attribute of the model individually, in order to clarify its contribution to good governance.
- Assess how well, in the opinion of RHA board members and CEOs, RHA boards are currently performing each attribute.

About RHAs In Manitoba

The *Regional Health Authorities Act* came into effect in April 1997. At that time, 10 rural/northern RHAs were established. In June of 1997, three urban RHAs were established – Brandon RHA; Winnipeg Hospital Authority (WHA); and Winnipeg Community and Long-Term Care Authority (WCLTCA). In spring of 1999, the Act was amended to combine the WHA and WCLTCA into one body, the Winnipeg Regional Health Authority (WRHA).

As a result, at the time of our survey in February 2002, there were 12 RHAs in Manitoba. It should be noted that the Marquette RHA and the South Westman RHA have since amalgamated and renamed the Assiniboine RHA, effective July 1, 2002.

The *Regional Health Authorities Act* sets out the conditions under which the RHAs are incorporated, and gives RHAs responsibility for providing the delivery and administration of health services in specified geographical areas. The Act requires that services will be provided and administered in a manner that complies with the criteria set out in The Canada Health Act. RHAs are responsible, within the context of broad provincial policy direction, for assessing and prioritizing the needs and health goals of their community, and the local planning, integration, and monitoring of their region's health care services for greater effectiveness and efficiency.

RHAs are directly accountable to the Minister of Health. The Province provides all funding to the RHAs. As shown in the chart below, RHAs are responsible for health expenditures totalling almost \$1.7 billion annually.

Net Manitoba Health Payments to Regional Health Authorities Over Three Years (\$ Millions)			
RHA (Population Served)	2000/01	1999/00	1998/99
Brandon (46,888)	\$ 96	\$ 91	\$ 75
Burntwood (44,477)	34	31	28
Central (96,678)	99	91	84
Churchill (~7,000)	6	5	5
Interlake (74,396)	55	53	48
Marquette (37,719)	44	40	37
NOR-MAN (25,321)	35	33	32
North Eastman (38,621)	25	22	20
Parkland (43,506)	69	68	60
South Eastman (52,384)	35	34	31
South Westman (34,693)	42	39	37
Winnipeg (646,733)	1,122	1,012	918
Totals	\$ 1,662	\$ 1,519	\$ 1,374

Note: Numbers may not add due to rounding.

Source: Manitoba Health Annual Report, 1999-2000 and 2000-2001.

The shift to regionalization is a significant change in Manitoba's health care system and it is still relatively early in its evolution. Manitoba is the most recent province in Canada to establish RHAs. Over the past decade, most provinces in Canada have devolved responsibility for the management of substantial parts of the healthcare system from provincial ministries/departments of health to RHAs. Currently, nine provinces and one territory operate under a regionalized structure. The only province that has not established RHAs is Ontario.

Regionalization is often cited as the largest change in Canada's health care system since the inception of Medicare. It has implications for health providers, institutions, communities, governments, interest groups, and most of all, citizens. While regionalization has taken different forms across the country, all have created provincially-appointed or locally-elected boards of governance, who are responsible for the delivery of health care services and programs within a defined geographic region of the province/territory. The scope of services for which RHAs are responsible in each province/territory varies significantly. Provincial/territorial governments generally retain responsibility for legislation, regulations, broad policy development, physician services/payments and overall funding and guidelines of RHAs. The implications of regionalization for improving health in an effective and efficient manner, and its broader implications for community participation and understanding of health services and issues, have yet to be adequately assessed.

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*Regional Health Authorities in
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Our Governance Survey

All RHA boards in Manitoba were included in our study. Appendix A provides a complete listing. The survey was designed to provide an overall picture of the board governance of Manitoba's RHAs. The intent was to isolate, and explore in-depth, the attributes of effective board governance from the perspective of RHA board members and CEOs in order to inform and facilitate further discussion around RHA board effectiveness. As such, the survey does not focus on any particular issue of public health policy, nor on any specific board structure or method. The statements on the questionnaire are general in nature, so as to be applicable to as wide a range of boards as possible.

The survey instrument for this study was developed by modifying the questionnaire used in our previous governance studies, in order to more accurately reflect the roles, responsibilities and practices of RHA boards. To ensure that the questionnaire adequately reflected a RHA board environment, the questionnaire was reviewed by representatives of Manitoba Health and the Regional Health Authorities of Manitoba (RHAM). Their valuable input and considered feedback throughout various stages of this project were appreciated.

Two separate questionnaires were developed; one was distributed to all RHA board members, and the other to the CEOs of each RHA. A total of 158 questionnaires were distributed, with 112 completed questionnaires returned. This represents an overall response rate of 71%. Included in this total are 103 questionnaires completed by RHA board members (71% of total board members) and 9 questionnaires completed by CEOs (75% of total CEOs). It should be noted that when the number of respondents in a category is small, as in the case of CEOs, caution must be exercised in interpreting the data.

Given the high response rate, the results can be seen to be reflective of the opinions of RHA board members and CEOs. However, this survey is not an audit and no verification work has been conducted to audit the governance practices of RHA boards.

The survey was administered in February/March 2002, with appropriate follow-up procedures. A hotline service was provided for respondents who had any questions or comments with respect to completing the survey. While every effort was made to ensure the survey adequately addressed all factors, we note the following limitations:

- Only RHA boards were included in this study. Boards of other public health organizations, such as CancerCare Manitoba, as well as the non-devolved boards of specific hospitals/institutions, were specifically excluded from the scope of this project.
- The survey was only available in English. No requests were received to provide the survey in French.

This report presents the overall findings for the 112 completed questionnaires. Complete data tables are provided in Appendix B. The report deals with the data on an aggregate basis only. No data for individual RHA boards, nor for any individual respondent, is provided.

All graphs in this report are presented as percentages of respondents who agreed and agreed strongly with the series of statements posed on the questionnaire. Where a negative response is of significance, it is provided in the written commentary. The agreement scale used on the questionnaire ranged from 1 to 5 (1 = Disagree Strongly; 2 = Disagree; 3 = Neither/Neutral; 4 = Agree; 5 = Agree Strongly).

Open-ended responses have been categorized and are provided in aggregate form, where applicable. Some of the comments received are provided for illustrative purposes in the margins of the report. These are provided verbatim.

We would like to acknowledge the research conducted by and made available from the Canadian Centre for Analysis of Regionalization and Health in Saskatchewan, which provided useful background information for this report on regionalization and regional health boards across Canada.

We further acknowledge the past contribution of our colleague, the late Dr. Isobel Garvie, whose work in the field of board governance research provided the basis for our questionnaire and led to the development of our Model of Governance.

Findings and Conclusions

This section of the report presents the perceptions of the 112 RHA board members and CEOs who responded to our governance survey on how well, in their opinion, their RHA board performs on each of the nine attributes of our Model of Governance. The survey examined the governance practices of RHA boards by:

1. assessing the general acceptance of the nine attributes of our Model of Governance, and their importance to the functioning of an effective RHA board;
2. exploring each of the Model's nine attributes individually, in order to clarify their functioning and contribution to effective governance by an RHA board.

MODEL OF GOVERNANCE

A common understanding of board governance is vital for individuals to work together on a board. Our survey, therefore, initially explored the extent to which RHA board members and CEOs have a common understanding of governance. We found that:

- Our definition of board governance as *"people working together to set direction and be accountable for an organization"* was fully endorsed by both RHA board members and CEOs.
- RHA board members (85%) feel that their governance activity through an RHA board fulfils an important role in society.
- RHA board members (76%) are satisfied overall that their governance contribution makes a positive difference to their community.

We further explored the extent to which RHA board members and CEOs have a common understanding of governance through a series of statements based on our Model of Governance. Together, the statements represent the nine attributes of an effective board. We believe that, in general, the more a board meets each of these attributes, the more effective it is.

Our findings indicate that both RHA board members and CEOs strongly endorse the attributes of our Model of Governance. As shown in Figure 1, RHA board members and CEOs very strongly agreed that an effective RHA board should:

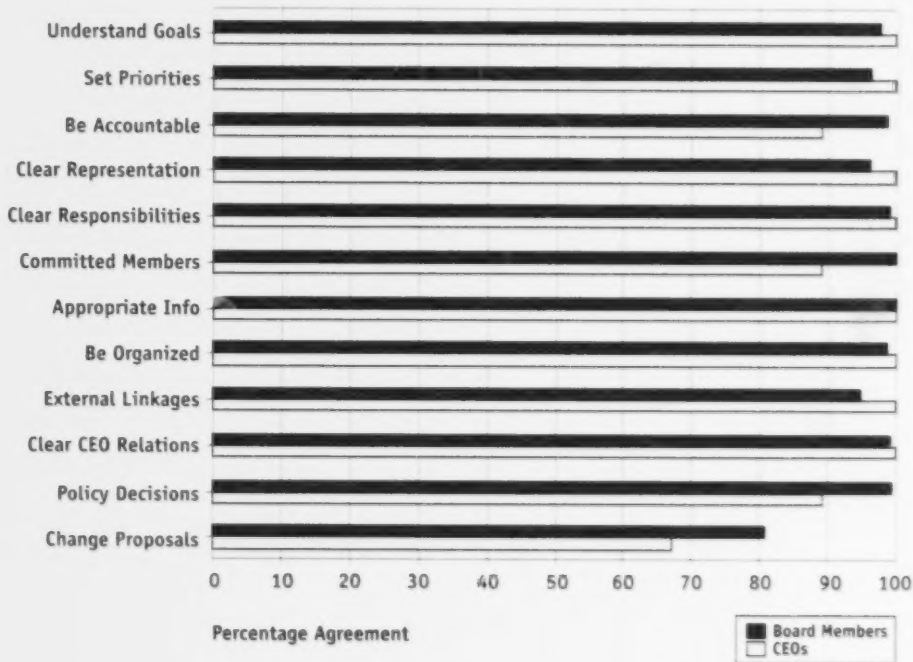
- Clearly understand the RHA's goals.
- Set agreed upon priorities for the board.
- Be accountable for the effectiveness of the RHA.
- Be clear on who it is the RHA board represents.
- Be clear on the RHA board's responsibilities.
- Be comprised of board members who are committed to the RHA.
- Have the appropriate information to make decisions.
- Be organized as a board, with appropriate board processes and structures in place.

- Maintain appropriate linkages with external organizations and stakeholders.
- Define clear relations with the CEO.
- Make policy decisions for the RHA.
- As necessary, change the recommendations made to the board by the administration.

Only the final attribute received less than 95% agreement from RHA board members. While it was still endorsed by RHA board members (81%), it was much less agreed to by CEOs (67%).

FIGURE 1

Model of Governance



We also asked RHA board members and CEOs to assess their board's current level of effectiveness on each of these attributes. As per Figure 2, board members rated themselves highly on:

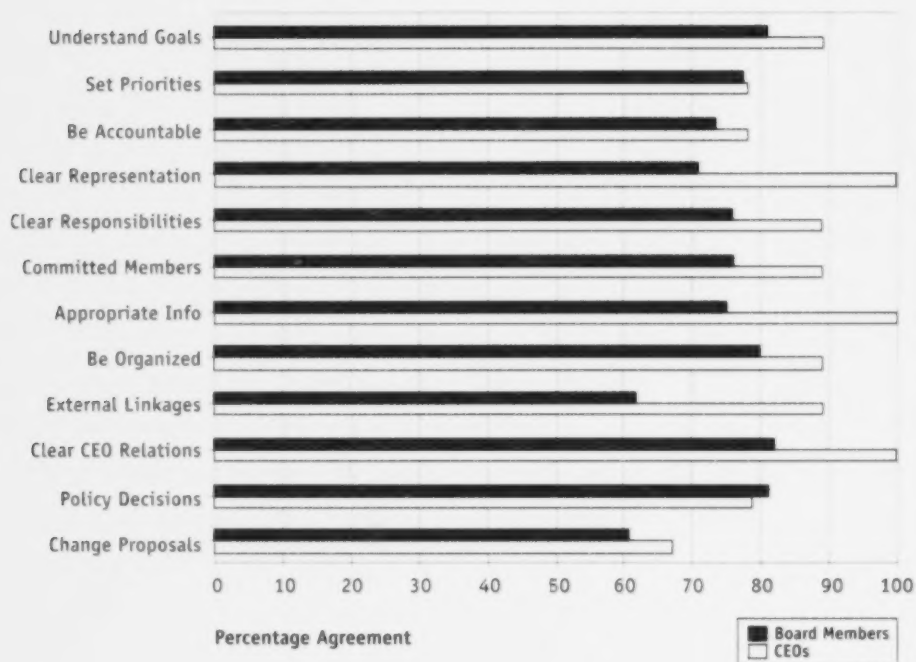
- Defining clear relations with the CEO (82%).
- Clearly understanding the RHA's goals (81%).
- Making policy decisions for the RHA (81%).
- Being organized as a board (80%).

CEOs rated each of the above attributes highly, and also felt their boards were effective at:

- Being clear on who the board represents (100%).
- Having the appropriate information to make decisions (100%).
- Being clear on board responsibilities (89%).
- Having members committed to the board (89%).
- Being organized as a board (89%).
- Maintaining appropriate linkages with external organizations/stakeholders (89%).

FIGURE 2

Self-Assessed Effectiveness on Attributes



Board members rated themselves lowest on:

- Changing recommendations made to the board, as necessary (61%).
- Maintaining appropriate linkages with external organizations/stakeholders (62%).

CEOs also rated the attribute of 'Changing recommendations, as necessary' the lowest (67%), but differed substantially from board members in their opinion of how well the board was maintaining its external relationships (89%). The other attributes where a clear divergence of opinion between RHA board members and CEOs existed are:

- Being clear on who the board represents; and
- Having the appropriate information to make decisions.

Conclusions

- RHA board members strongly feel their governance contribution to the RHA board is important and makes a positive difference to their communities.
- Our Model of Governance is strongly endorsed by RHA board members and CEOs as outlining important attributes of effective RHA board governance. Given this common understanding, the attributes may provide criteria upon which to assess the state of RHA board governance in Manitoba.
- As an initial assessment, CEOs rated the current performance of their RHA boards somewhat higher on the majority of attributes than did board members themselves. In the following sections of this report, each attribute is explored in depth in order to develop a further understanding of the current performance of RHA boards, and the specific functioning and contribution of each attribute to effective governance.

ATTRIBUTE 1: PURPOSE AND ACCOUNTABILITY

A shared aim and purpose is vital for effective board governance. By holding a purpose in common, a set of individuals coalesces into a group, a team: the board. Effective governance therefore requires significant time and attention be paid to organizational vision, mission, goals and priorities.

RHA boards are responsible for the direction of the organization and are accountable for what is accomplished. As the ultimate authority for the RHA, the RHA board has the responsibility to act, and the obligation to answer for those actions. RHA board members and CEOs both strongly endorsed this attribute of the Model of Governance as being an important contributor to an effective RHA board.

This attribute was further explored by assessing:

- The extent to which goals are clear and operationalized;
- The board's assessment of its accountability reporting; and
- The board's perception of its ultimate responsibility.

Purpose is set forth in the mandate and mission of an organization. The formal goals associated with the mandate are often vague and general in nature, and are clarified as they are discussed and put into practice. Given this, debating the goals and identifying shared priorities are two of the key activities that enable a board to add meaning to the shared aim. An articulated strategic plan allows both board members and senior management to agree on the priorities which will enable the mandate to be achieved. As shown in Figure 3:

- RHA board members (99%) and CEOs (89%) strongly agreed that the goals of their RHA are important to them.
- There was clear indication that RHA boards discuss their goals, and that the priorities for leading the RHA have been clarified. As a result, RHA board members (83%) and CEOs (89%) feel that the RHA's goals are clearly understood by all.

"I still struggle as to why the RHAs need boards! ...What is our 'real' role as a board?"

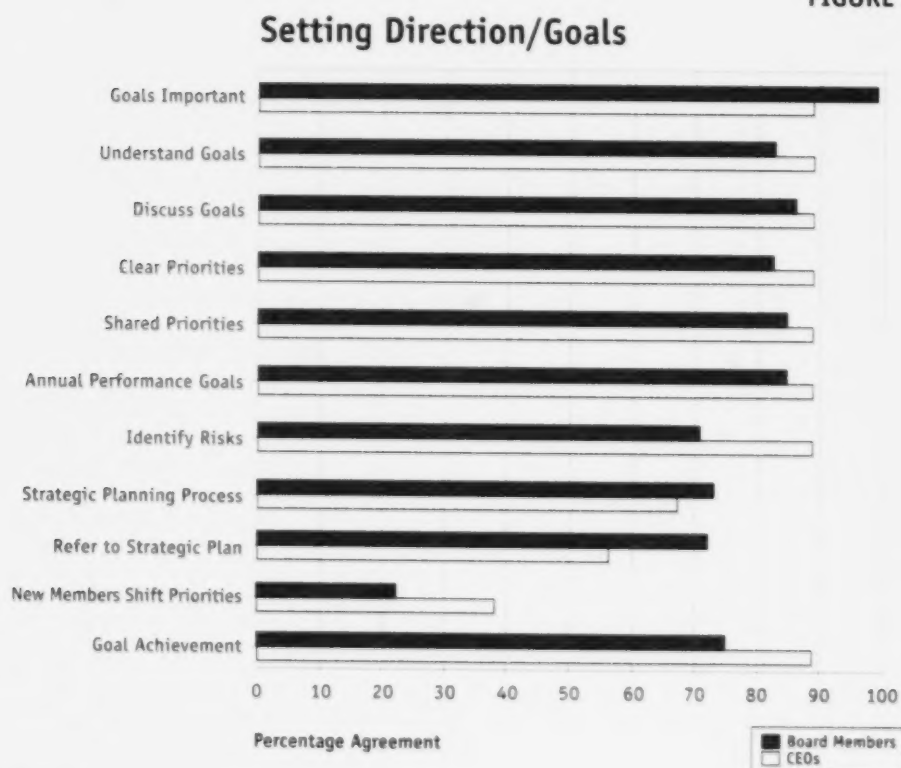
Survey Respondent

"...Success comes only to those organizations that work together on the same wavelength - therefore open and frank discussions must take place between all parties."

Survey Respondent

- RHA board members (85%) and CEOs (89%) agreed that they share a common view of the RHA's priorities.
- RHA boards annually identify the specific performance objectives that it expects the RHA to achieve, according to 85% of board members and 89% of CEOs. Further, 71% of board members and 89% of CEOs believe their RHA board is doing a good job of identifying and assessing the risks involved in meeting their operational goals.
- The strategic planning process utilized by RHA boards was satisfactory to 73% of board members and 67% of CEOs. As about 1 in 5 respondents were neutral, there is some indication that slight improvements could be made. Further, while 72% of board members indicated that the strategic plan was referenced in making board decisions, only 56% of CEOs concurred.
- Changing membership, often a force to shift goals, was generally not seen to have an impact on the board's priorities, as 54% of board members disagreed that the board's priorities shift as a result of new members being appointed; only 22% felt that this occurs. However, CEOs were somewhat more reserved in their judgement, with just as many CEOs agreeing as disagreeing that changing membership has an impact on their RHA board's priorities (both 38%).
- RHA board members (75%) and CEOs (89%) indicated they are satisfied overall with the performance of their RHA in achieving the goals established by the board.

FIGURE 3



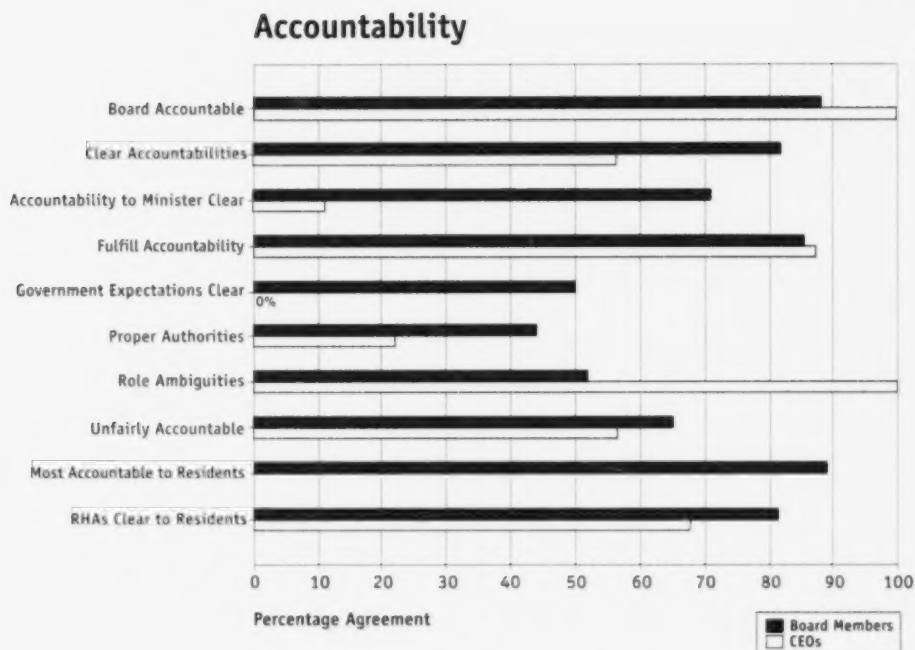
Associated with the right to act is the responsibility to be accountable for what is accomplished. Being responsible for the organization's direction and accountable for its actions situates the board as the ultimate authority for the organization. As shown in Figure 4:

- RHA board members (88%) and CEOs (100%) clearly accept that the board is accountable for the actions of the RHA.
- Most RHA board members (82%) indicated that they are clear on the board's accountabilities. However, the considerably lower agreement by CEOs (56%) may indicate that further clarification is required. Further, although 71% of board members indicated that RHA accountability to the Minister of Health is clearly understood, only 11% of CEOs agreed.
- The expectations between the RHAs and government have been clearly defined, according to only half of RHA board members (50%) and no CEOs. However, both RHA board members (85%) and CEOs (88%) report that their RHA board adequately fulfils its accountability to the Minister.
- Less than half of RHA board members (44%) and only one in five CEOs (22%) feel that RHA boards have the proper authorities to operate the RHA effectively.
- The shared authorities between RHAs and Manitoba Health has led to ambiguities in their role, according to half the board members (52%) and all CEOs. As a result, 65% of board members and 56% of CEOs report that their RHA board has been held accountable for decisions made by Manitoba Health and/or other government bodies.
- Ultimately, the majority of RHA board members (89%) indicated that they feel most accountable to the residents of their region for the impact of their decisions. However, the purpose of RHA boards and regionalization is not well understood by citizens living in the regions, according to 81% of RHA board members and 67% of CEOs.

"It might be helpful to have a written document outlining the Minister's expectation of board members."

Survey Respondent

FIGURE 4

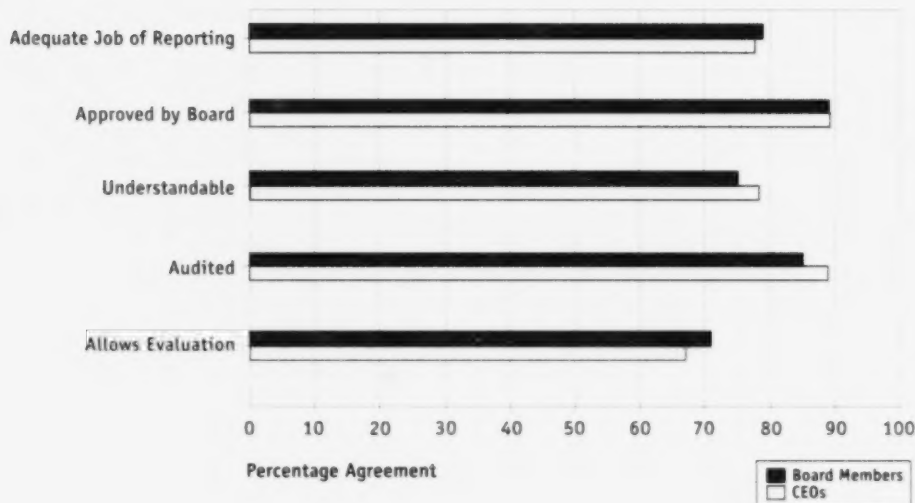


Having been given the responsibility to act, a board has an obligation to answer for its actions. Therefore, reporting is an extremely important part of accountability. Accountability information needs to be provided on a regular basis, in an understandable and unbiased fashion, and should provide an evaluation of organizational performance. As shown in Figure 5:

- 79% of RHA board members and 78% of CEOs feel their RHA is doing an adequate job of reporting RHA performance.
- All RHA accountability information, including the annual report, is approved by the board, according to 89% of both RHA board members and CEOs.
- RHA boards ensure that the information is understandable, according to 75% of board members and 78% of CEOs. Further, the information is subject to audit and/or review, according to 85% of RHA board members and 89% of CEOs.
- There was somewhat less agreement by RHA board members (71%) and CEOs (67%) that the accountability information adequately allows the public and government to evaluate RHA performance.

FIGURE 5

Accountability Information



Given that there was no hesitation in indicating that the board is the ultimate authority for the RHA, it is of interest to note that RHA board members and CEOs do not allocate all governance responsibility to their RHA board. Responsibility for RHA governance is perceived to be shared. As shown in Figure 6:

- RHA board members assigned less than half the overall responsibility for RHA governance to themselves. They accorded about 25% of the responsibility to the CEO, and about a fifth to Manitoba Health (19%) and to the Minister of Health (18%).
- CEOs accorded more responsibility to the board (67%) than did RHA board members. An equal amount of governance responsibility was accorded to themselves (17%) and to the Minister of Health (17%), with slightly less to Manitoba Health (14%).

"At times, it seems the board is reluctant to make decisions or do strategic planning... Instead, we seem to be sitting waiting for the government to give us direction."

Survey Respondent

FIGURE 6

Shared Governance		
	Mean Values	
	Trustees	CEO
RHA Board	45	67
CEO of the RHA	25	17
Minister of Health	18	17
Manitoba Health	19	14
District Health Advisory Councils	9	5
Non-devolved boards	7	-

How can strategic planning be improved and effectively utilized in RHA decision-making?

What improvements can be made to clarify the accountability relationship between RHAs and the Minister of Health?

What impact does the perception of shared governance have on RHA board accountability? What can RHA boards do to clarify this perception?

"I fully believe in the concept of appointed boards, as opposed to elected, but I am of the opinion that the nomination/appointment process needs to be as transparent as possible to have any integrity."

Survey Respondent

Conclusions

- RHA board members and CEOs report that they clearly understand the mandate and goals of their RHA, and that they have taken adequate steps to develop their objectives and priorities. They further report that specific performance goals are identified annually and risks are adequately assessed.
- There is some indication that improvements can be made in the strategic planning process and in the use of the strategic plan in RHA board decision-making.
- Overall, RHA board members and CEOs are generally satisfied with the performance of their RHA in achieving the goals established by the board.
- RHA board members accept their accountability for the RHA and indicated that RHA accountability to the Minister of Health is clearly understood. However, the considerable lower agreement by CEOs may indicate that further clarification is required.
- There is a clear indication from RHA board members and CEOs that the expectations between government and the RHA boards need to be more clearly defined. Yet, both RHA board members and CEOs report that RHAs are adequately fulfilling their accountability to the Minister.
- RHA board members and CEOs do not generally feel that RHA boards have the proper authorities to operate effectively. Many reported that the shared authorities between RHAs and Manitoba Health lead to ambiguities in their role. Further, there was a strong indication that the purpose of RHA boards and regionalization is not well understood by Manitobans.
- While the majority of RHA board members feel that their board is doing an adequate job of meeting reporting requirements, there was somewhat less agreement as to whether the accountability information allows the public and government to adequately evaluate RHA performance.
- While RHA board members agreed that the RHA board is the ultimate authority for the RHA, they perceive that governance responsibility is shared. In fact, they assign only 45% of total governance responsibility to themselves. Therefore, more than half the responsibility is perceived to rest with other partners and stakeholders. This perception of shared governance appears to be inconsistent with a board's ultimate responsibility for governance. Our previous governance reviews of public sector boards has found a similar inconsistency.

ATTRIBUTE 2: RATIONALE & LINK TO COMMUNITY

A board's legitimacy comes, in part, from it being comprised of individuals who have the appropriate mix of knowledge and skills, and who represent their stakeholders/community. By being representative of their stakeholders/community, board members are perceived to reflect the desires, needs, values and perspectives of that community. This is what forms the link between the governors and those governed. Clarity as to whom a board member represents, and on whose behalf they act, is therefore a

fundamental component of effective governance. RHA board members (96%) and CEOs (100%) strongly endorsed this attribute of the Model of Governance.

The attribute of representation was further explored by assessing:

- The fit between the characteristics a board should have and what it does have;
- The use of values by the board;
- The board's perception of whose interests are represented; and
- Board recruitment.

The fit between characteristics that RHA board members should and do have was assessed by asking respondents to first indicate how important each characteristic was to an effective RHA board, and then to assess the extent to which each characteristic was currently represented on their RHA board. As shown in Figures 7 and 8:

"I would very much like to see aboriginal recruitment as a priority."

Survey Respondent

- Both RHA board members and CEOs perceive leadership skills to be the most important characteristic that a board member can bring to an RHA board. Being representative of community values and ethics, as well as community demographics, were also seen to be quite important by both RHA board members and CEOs.
- The majority of RHA board members (71%) also indicated that having knowledge of government was an important characteristic. About half of RHA board members noted business acumen, prior board experience, and professional expertise (legal, financial, etc.) to be of some importance. CEOs agreed, but generally felt each of these characteristics to be somewhat less important. CEOs also suggested that related experience in the health sector would be an asset.
- Of least importance to both RHA board members and CEOs is political affiliation and board members representing a particular special interest. CEOs also clearly indicated that health/medical expertise is not at all required.
- A gap was perceived to exist between the required level of certain characteristics and the current composition of RHA boards, according to both RHA board members and CEOs. The largest gaps were perceived to be in the characteristics of leadership skills and professional expertise. RHA board members further noted a gap in knowledge of government.
- Medical expertise and related experience in the health sector were not seen to be critical characteristics by RHA board members, who further indicated that these characteristics are currently as represented as they need to be. CEOs indicated a gap existed in having board members with related experience in the health sector.
- The extent of political affiliation which currently exists on RHA boards was seen to exceed what is necessary by both RHA board members and CEOs. CEOs also perceived that the demographic representation of current RHA boards exceeded this characteristic's importance.

FIGURE 7

Board Characteristics - Board Members

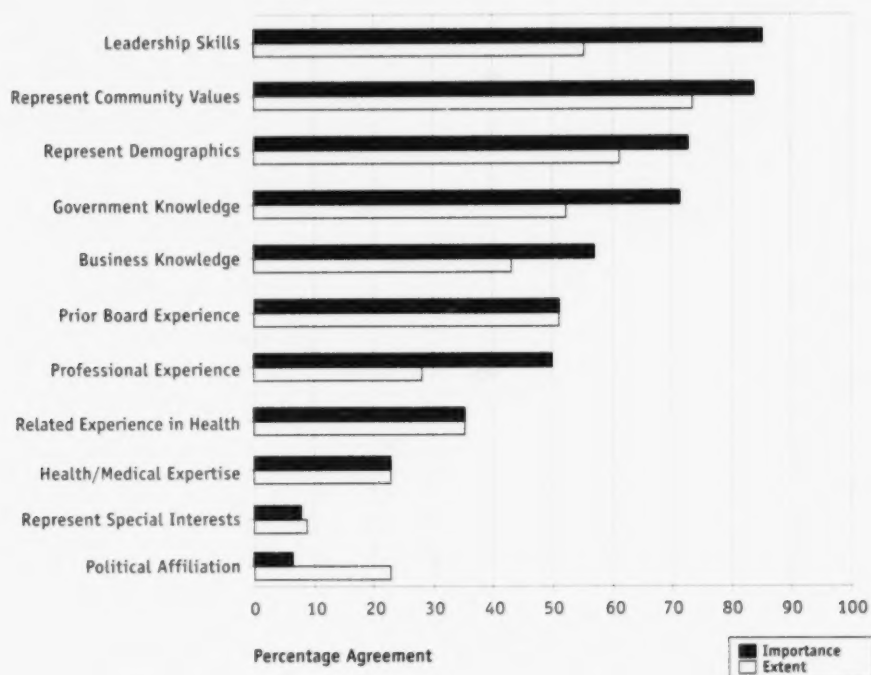
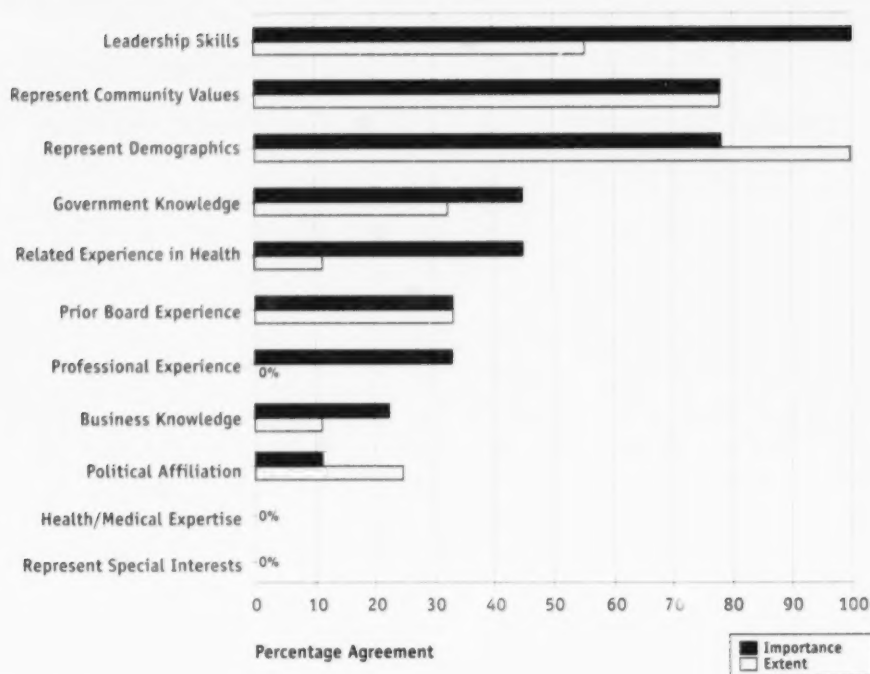


FIGURE 8

Board Characteristics - CEOs



When asked to rank whose interests they represent on the board, 88% of RHA board members indicated that they primarily represent the interests of the clients and patients of the RHA. Representing the communities within the region, and the RHA as an organization, followed as secondary and tertiary interests respectively. Representing the interests of the Minister of Health and Manitoba Health was only noted by 15% of respondents (see Figure 9).

FIGURE 9

Whose Interests Represented	
Board Member	Weighted Percentages
Clients/Patients of RHA	88
Communities Within Region	67
RHA	65
Citizens/Taxpayers	36
Employees/Professional Staff	19
Minister of Health/Manitoba Health	15
Particular Interest Group	5
Other	3

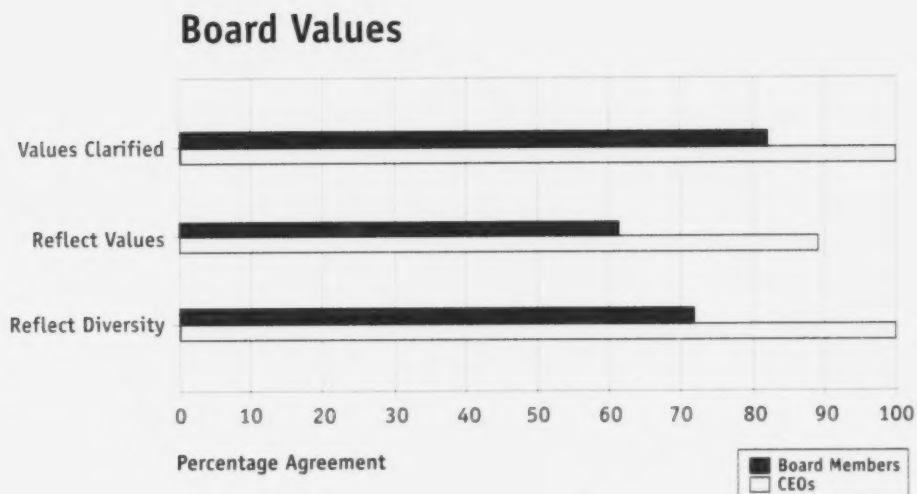
"Yes, I am a political appointee...however, I don't make board decisions based on what the government wants...I believe that the interests of health care supersede the interests of any government or political party and that's how I conduct myself on the board."

Survey Respondent

Values reflect our deeply held beliefs, and the principles upon which we base our behaviour and interactions. It is our way of seeing the world, and the way in which we assign worth. At an organizational level, values help an organization determine what its mission is and how to carry it out; it provides a criteria against which to make decisions and judgements. Values therefore can guide a board's sense of what is needed by the community/stakeholders represented, and can have an impact on the board's choices over courses of action. Board values are often assumed to be clear, consensually held and applied within the organization. As this may not be the case, an effective board needs a process for identifying and clarifying organizational values, and ensuring that they are linked and applied to organizational behaviour. As per Figure 10:

- RHA boards have taken the time to clarify the values and principles that guide their decision-making, according to 82% of RHA board members and all CEOs.
- Almost two-thirds of RHA board members (61%) endorsed the belief that they are expected to reflect the values and priorities of their community; CEOs (89%) were in even stronger agreement with this expectation.
- RHA boards adequately reflect the diverse nature of their regional communities, according to 72% of RHA board members and all CEOs.

FIGURE 10



Recruitment, the process of ensuring that RHA boards are comprised of the "right" people - those with the necessary knowledge, ability and commitment to fulfil their responsibilities - is an important area of board functioning. In accordance with the provisions of *The Regional Health Authority Act*, the Minister of Health appoints the members to each RHA board. Any resident of a health region may nominate a person or persons, including himself or herself, to serve on the RHA board. The term of appointment is three years. RHA board members can serve up to two consecutive terms. As per Figure 11:

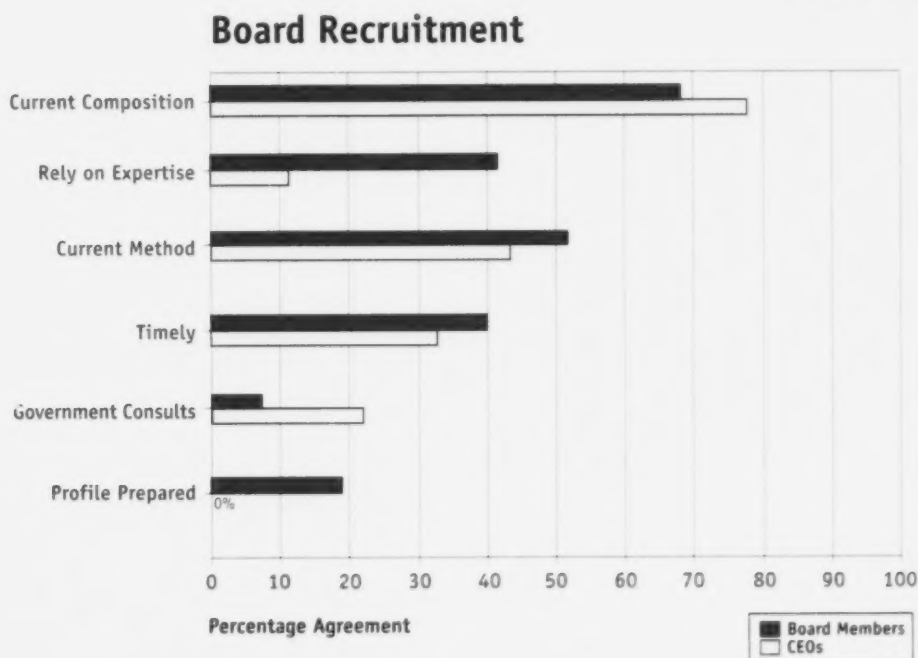
- 68% of RHA board members and 78% of CEOs believe that their current board members bring the necessary skills and experience to lead the RHA effectively. This is noteworthy as 42% of RHA board members indicated that they often rely on the expertise of fellow board members in reaching their decisions.
- The current method of appointing new members to the board was deemed to be satisfactory by 52% of RHA board members and 44% of CEOs. However, approximately a third of RHA board members (27%) and CEOs (33%) indicated they were not satisfied with the current method of appointment.
- 40% of RHA board members and 33% of CEOs indicated that RHA board member vacancies are filled on a timely basis. An equal amount of respondents indicated that the timeliness of filling such vacancies is an issue for their board.
- Very few RHA board members (7%) and CEOs (22%) feel that the government adequately consults with the RHAs on the required qualifications and skills when appointing new RHA board members. In fact, 68% of RHA board members and 78% of CEOs indicated that such consultation does not occur.

"The current appointment process allows for the potential to have at least 1/3 of board members turnover each year - this can negatively impact board functioning and organizational continuity."

Survey Respondent

- However, neither has a profile of the board's requirements for board member skills and experience been prepared by the RHAs, according to 54% of RHA board members and 89% of CEOs.

FIGURE 11



Conclusions

- Leadership skills are perceived to be of most importance in being an effective RHA board member. Representing community values/ethics, as well as demographics, was also seen to be important for RHA board members. Past experience in a related health field and medical/health expertise were not perceived to be an important characteristic of an effective RHA board member. Representing special interest groups and political affiliation were seen to be of least importance.
- RHA board members and CEOs indicated that a gap exists between the current composition of RHA boards and the board member characteristics/skills deemed to be important. The largest gaps are in the areas of having RHA board members with leadership skills and professional expertise (legal, financial, etc.).
- RHA board members noted that they primarily represent the interests of the clients/patients of the RHA on the board. Given that RHA board members are politically appointed, it is interesting to note that representing the interests of government was seen as one of the least important for RHA board members.

How can the gap between the optimal mix of board member skills and the current composition of RHA boards be lessened?

What role can RHA boards play in board member recruitment?

- RHA boards are perceived to adequately reflect the diverse nature of their regional communities. Further, RHA boards report that the values which guide their decision-making have been clarified.
- The current method of appointing new members to RHA boards is an area that warrants further examination. Only half of RHA board members and even less CEOs are currently satisfied. Timeliness of filling RHA board vacancies may be an issue and there is an indication that the RHAs would like to see further consultation with government on the required qualification and skills when appointing new board members. RHA boards may wish to consider preparing a profile of required qualification and skills as information for the Minister to consider when appointing new members.

ATTRIBUTE 3: BOARD ROLES, RESPONSIBILITIES AND FUNCTIONS

Three primary roles are generally ascribed to a board: that of holding overall authority; that of constructive critic; and that of advocate for the organization. Each of these board roles has different functions and expectations associated with it: as the ultimate authority, the board takes responsibility and accountability for the mandate and goals of the organization; as a constructive critic, the board examines what has been accomplished or is being proposed, and provides feedback and commentary on the functioning of the organization; and as an advocate, the board represents and celebrates the contributions of the organization to the community. These roles can require quite different mindsets and behaviours. As what is required in one role may conflict with another, it is important for a board to be clear on which role is being performed at any given time. RHA board members and CEOs unanimously agreed that an effective RHA board must be clear on its role and responsibilities.

"If boards are to be effective, they need to understand their role. After years of regionalization, boards continue to struggle with governance."

Survey Respondent

We explored RHA board role and responsibilities in terms of:

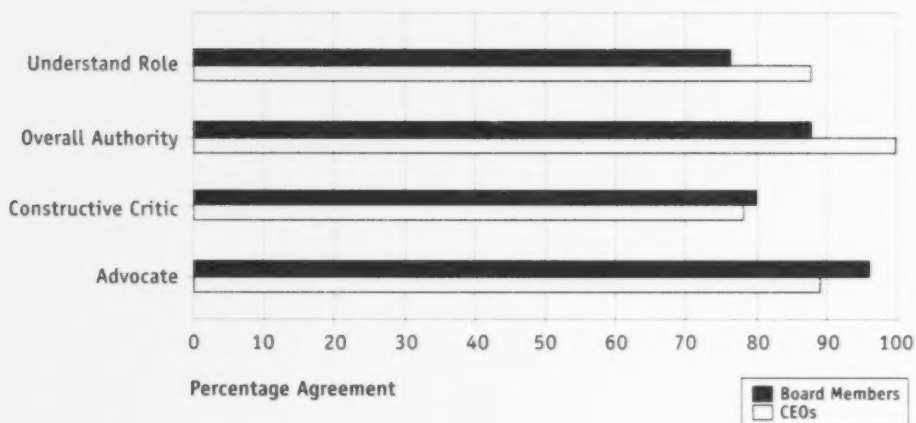
- The perception of board roles;
- A set of functions associated with each of the board roles;
- An assessment of the board's performance of those functions; and
- The perceived manageability of the board job.

RHA board members and CEOs believe that they have a good understanding of the board roles and that their RHA board is generally fulfilling the three primary roles of a board. As shown in Figure 12:

- 76% of RHA board members and 88% of CEOs indicate that board members have a good understanding of their role and responsibilities on the board.
- RHA board members clearly accept the board's overall authority and accountability for the actions of the RHA. They also clearly endorse the board's role as advocate for the organization. RHA board members and CEOs were somewhat more hesitant in endorsing the board's role to provide constructive criticism and appraisal of the RHA's operations.

FIGURE 12

Board Roles



Each of the three board roles have a number of associated functions. Some of the general functions of the RHA board are outlined below:

As Ultimate Authority:

- Setting the strategic direction and goals of the RHA.
- Selecting the CEO.
- Setting significant policies by which the RHA operates.
- Ensuring Manitoba Health policies are implemented.
- Ensuring delivery of core services within the region.
- Managing financial resources within the region.
- Making all significant business decisions.
- Ensuring accountability obligations are discharged.

As a Constructive Critic:

- Monitoring achievement of board objectives.
- Evaluating the performance of the CEO.
- Ensuring effective management information systems are in place.
- Ensuring an effective health planning process is in place.
- Ensuring appropriate service standards and protocols are developed for the region.
- Bringing an external viewpoint to the RHA's attention.
- Ensuring Community Needs Assessments are conducted.

As an Advocate:

- Developing a communication plan for communities within the region.
- Collaborating effectively with external stakeholders and organizations.
- Providing input/advice to the Minister of Health on issues that affect the RHA.

RHA board members and CEOs endorsed most of the above functions as important responsibilities of an effective RHA board. As shown in Figures 13 and 14:

- Only one function received less than 75% agreement by RHA board members: making all significant business decisions (57%).
- Six functions received less than 75% agreement by CEOs: ensuring Manitoba Health policies are implemented (67%), developing a communication plan (67%), bringing an external viewpoint to the RHA (67%), ensuring effective management information systems are in place (33%), managing financial resources within the region (33%), and making all significant business decisions (22%).

When asked to assess their RHA board's performance on each of these functions, both RHA board members and CEOs self-assessed a performance gap in the majority of functions. That is, they report the effectiveness of their RHA board in performing the function as substantively less than the importance accorded to the function. As further shown in Figures 13 and 14:

- RHA board members rated their performance highest in ensuring Manitoba Health policies are implemented (80%), and in ensuring Community Needs Assessments are conducted (80%).
- RHA board members were least satisfied with their performance in: developing communication plans (49%); bringing an external viewpoint to the board (50%); making all significant business decisions (53%); and collaborating effectively with external stakeholders/organizations (57%).
- The largest performance gap for RHA board members existed in: developing communication plans; collaborating effectively with external stakeholders/organizations; ensuring effective management information systems are in place; and evaluating CEO performance.
- CEOs had quite a different impression of board performance than did RHA board members. They rated RHA boards highly in: setting strategic direction and goals (89%); evaluating CEO performance (89%); ensuring delivery of core services within the region (89%); ensuring Community Needs Assessments are conducted (89%); collaborating effectively with external stakeholders/organizations (89%); and monitoring achievement of board objectives (89%). CEOs rated RHA board performance the lowest in: ensuring effective management information systems are in place (22%).
- The largest performance gap for CEOs existed in: providing input/advice to the Minister of Health on issues that affect the RHA. Of interest, there were three functions where CEOs deemed RHA boards to be more effective than the function was important: managing financial resources; making all significant business decisions; and bringing an external viewpoint to the RHA's attention. There were a further three functions where CEOs deemed that performance of the function was at the same level as the function's importance: ensuring Manitoba Health policies are implemented; ensuring delivery of core services within the region; and developing communication plans.

FIGURE 13

Board Functions - Board Members

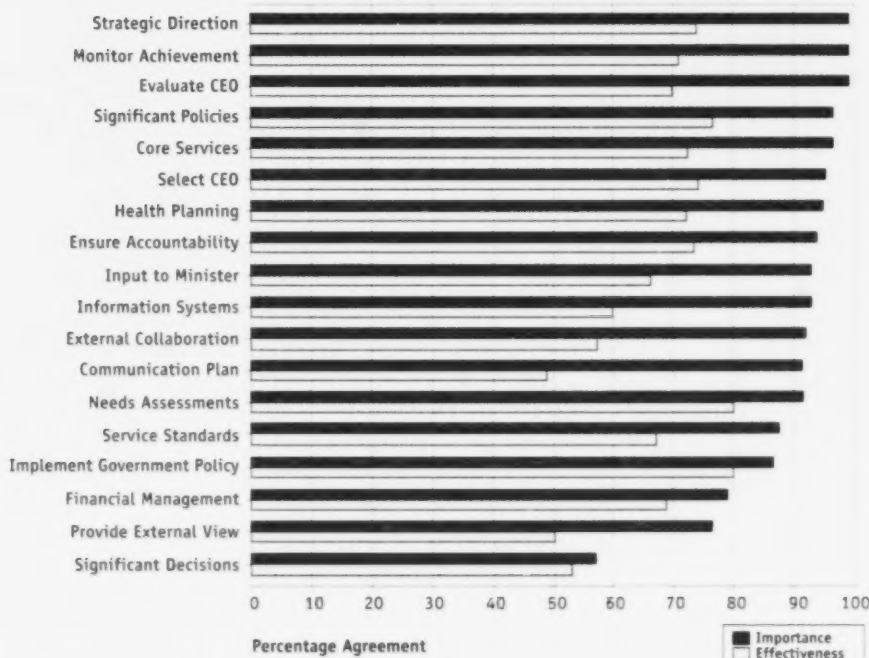
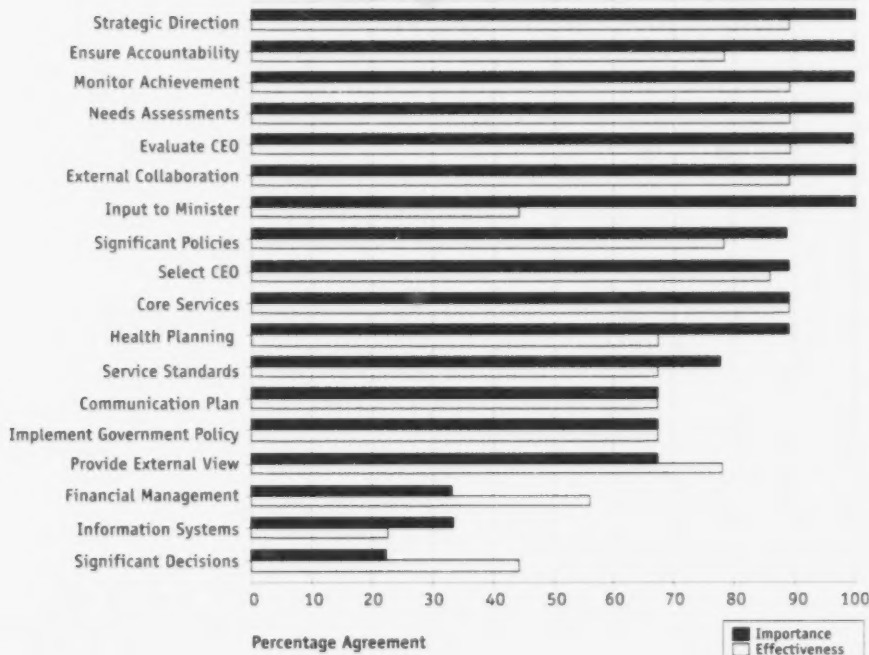


FIGURE 14

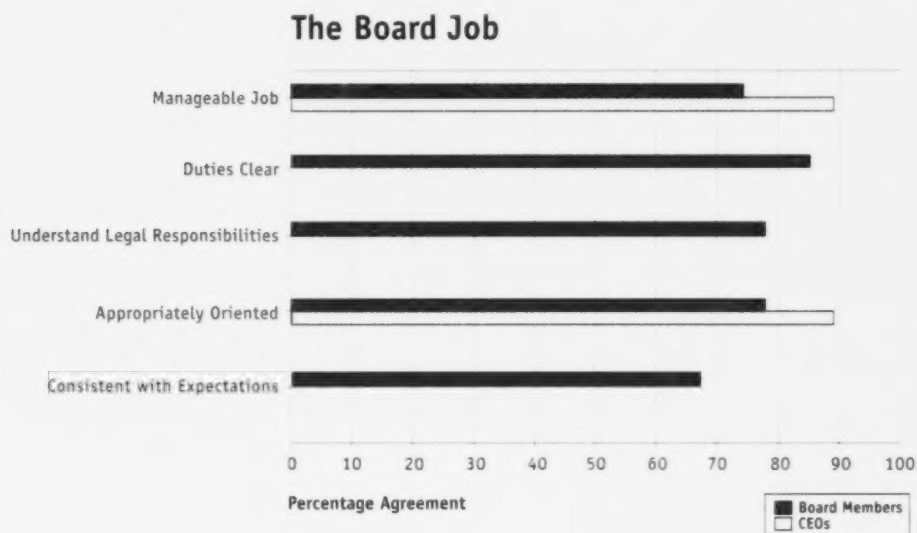
Board Functions - CEOs



Performing the board functions and carrying out RHA board responsibilities - in other words, the board job - is deemed to be a manageable one by 74% of RHA board members and 89% of CEOs. As further shown in Figure 15:

- 85% of RHA board members feel they have sufficient information as to their duties and responsibilities as an RHA board member, and 78% feel they have a full understanding of their legal responsibilities and liabilities as an RHA board member.
- New RHA board members are appropriately oriented to the board when appointed, according to 78% of RHA board members and 89% of CEOs.
- 67% of RHA board members report that their board role has turned out to be consistent with their expectations at the time they were appointed. About one in five RHA board members (19%) noted that being an RHA board member has not been consistent with their expectations.

FIGURE 15



Conclusions

- Both RHA board members and CEOs report that RHA boards are clear on their roles and are generally fulfilling the three primary roles of a board: ultimate authority; constructive critic; and advocate.
- RHA board members and CEOs endorsed most of the board functions as being important responsibilities of an effective RHA board. Both RHA board members and CEOs indicated that the RHA board "making all significant business decisions" was of least importance. However, while no board can or should make all business decisions, those of a significant or critical nature should be discussed and verified with the board, as the board is ultimately accountable for such decisions.
- While both RHA board members and CEOs self-assessed a performance gap in fulfilling certain board functions, the particular functions noted by each as having the largest performance gap are quite different. There may

How can RHA boards improve their performance on the board functions deemed most important by their specific board?

be a number of explanations for this finding, and the results may be board-dependent. It might be useful for RHA board members and their CEOs to undertake a discussion at their individual board level on the importance and priority of each of these functions.

- The board job is felt to be a manageable one by RHA board members. RHA board members report that they have sufficient information as to their duties and responsibilities and that they were appropriately oriented to the board when appointed. For the majority of RHA board members, the board role has turned out to be consistent with their expectations.

What can be learned from the different perspectives held by board members and CEOs with respect to board performance?

ATTRIBUTE 4: LEVEL OF BOARD MEMBER COMMITMENT

Effective board governance requires commitment. Members of any board need to commit both individually, and as a group, to the goals of the organization and the processes set in place for the board to achieve them. Board governance literature often assumes that board members will give to their board all the time and energy that is needed for good governance. This assumption may not accurately reflect that the part-time position of board member may conflict with other salient responsibilities (that of full-time career, wife/husband, parent, etc). Moreover, it does not recognize the composition of the board as a group, in which some members may not see that their contribution of time and energy makes a difference, and thus, may leave the actual work of governance to others. RHA board members (100%) and CEOs (89%) very strongly agreed that having board members who are committed to the RHA is an important attribute for effective RHA board governance.

We explored RHA board member commitment by assessing:

- The importance of the mandate and goals to board members;
- The contribution to the board; and
- The personal benefits and risks of board involvement.

Manitoba's RHA board members are highly committed to their organization and care about the RHA's contribution to their community. As noted previously, 85% of RHA board members feel that their work on the RHA board fulfils an important role in their community, and 76% indicated they are satisfied that their work as an RHA board member makes a positive difference to their community. As shown in Figure 16:

- Almost all RHA board members (99%) indicated a high commitment to the goals of their RHA. CEOs concur that RHA board members are highly committed.
- RHA board members' strong commitment likely developed as a result of their participation on the RHA board, as only 32% of RHA board members indicated they knew a lot about the RHA before being appointed to the board; most RHA board members (47%) indicated they did not.
- While the majority of RHA board members (62%) have served two years or less on their board, the length of service ranges up to six years. On average, an RHA board member in Manitoba has 2.7 years of RHA board experience.

"If the government can't find people who truly have an interest in being on the board, and who have the time, skills and experience to contribute, the board is better off with fewer members. People who are asked, pressured and/or coerced into applying, are not the people we need on these boards, because the role requires significant work!"

Survey Respondent

"The board is a large commitment, not only in meetings but reading, etc...There is a need to be sure prospective board members understand the expectations of time for meetings and preparation...Boards must try and accommodate their working members or boards will end up consisting of only retired people."

Survey Respondent

- The length of an RHA board members' term of service was seen to be appropriate by 74% of RHA board members, but fewer CEOs (56%).
- 88% of RHA board members have had other board experience, and about two-thirds of RHA board members report that they are currently serving on other boards as well. Those RHA board members who are on other boards report that they currently serve on an average of two other boards, as well as the RHA board.
- RHA board members devote, on average, 19 hours a month on behalf of the RHA board, and spend an average of 4.2 hours preparing for board meetings. Due to the time commitment required for the RHA board, more than half of RHA board members (56%) had to give up other community activities and involvements. Yet, only 16% of RHA board members reported that the time commitment for their board is excessive; the large majority (69%) disagreed.
- Only 11% of RHA board members felt that attendance at meetings is a problem for RHA boards; 74% of RHA board members and all CEOs reported no attendance issues.
- Most RHA board members (79%) noted that it is important to them to be viewed by others as doing a good job. Yet, 41% of RHA board members and 33% of CEOs feel that there are some RHA board members who spend less time on their tasks than is required to do an adequate job.
- The majority of RHA board members (74%) feel valued and appreciated as a member of their RHA board. Few RHA board members (12%) felt that being on the RHA board was a waste of their time; on the contrary, 80% of RHA board members indicated it was not. Further, the majority of RHA board members (69%) are satisfied with what has been accomplished since they've been on the RHA board.
- Just over a third of RHA board members (38%) feel that they put their reputation at stake by agreeing to serve on a RHA board. Many more CEOs (63%) believe this to be the case.
- RHA board members are split as to whether the stipend paid to them is adequate for their involvement on their RHA board, with 41% indicating that it is and 43% indicating that it is not. CEOs are also divided on this issue, with a third indicating it is adequate, a third indicating the stipend is not adequate, and a third remaining neutral.
- Yet, the majority of RHA board members (75%) indicated that, taking all things into account, the personal rewards of being an RHA board member has outweighed the personal costs. As well, 72% of RHA board members indicated that they would serve another term if asked.

FIGURE 16



Conclusions

- Overall, RHA board members indicated that they are highly committed to their RHA and care about their RHA's contribution to their community.
- RHA board members are diligent in their contribution to the board. They devote considerable time and energy to their board duties; on average, about 19 hours per month. Even given this large time commitment, absenteeism at board meetings is not reported to be a problem. However, there is some indication that more is required from some, as over 40% of RHA board members reported that their fellow board members are not devoting the necessary time to do an adequate job.
- The majority of RHA board members feel valued and appreciated as a member of their RHA board, and few board members felt that being on the RHA board was a waste of their time.
- Although less than half of RHA board members indicated that the stipend paid adequately compensates them for their involvement, the majority of RHA board members perceive their RHA board role and contribution to be "worth it".

What are the implications of board members self-assessing their own commitment as high, while expressing concern about the commitment of other board members?

ATTRIBUTE 5: INFORMATION FOR DECISION-MAKING

Information is a key contributor to effective board decisions. Board members have a duty to demand and expect quality information, on a timely basis for decision-making. Information is often assumed to be neutral and unbiased; it is not. Information is developed and perceived through particular views and paradigms. It is generally prepared for a specific purpose that needs to be kept in mind when interpreting the information. There are two major strategies used to counteract these limitations with information. The first is to involve several people in a decision. Thus, through the various individuals on a board, different perspectives are brought together in decision-making, which balances the sole perspective of any one decision-maker. The second is to have more than one source of information. Multiple sources of information may serve to counteract any distortion that exists in a single source. RHA board members and CEOs unanimously endorsed this attribute of our Model of Governance, as being of vital importance for effective RHA board governance.

We further explored the information used for decision-making by RHA boards by examining:

- The adequacy and appropriateness of information received for decision-making;
- The quality of the information and its usefulness to decision-making; and
- The sources of the information.

"Although we receive an abundance of information to assist us with decisions the board must make, the information is solely the opinion of management and most often the decision is based on a pre-decided decision."

Survey Respondent

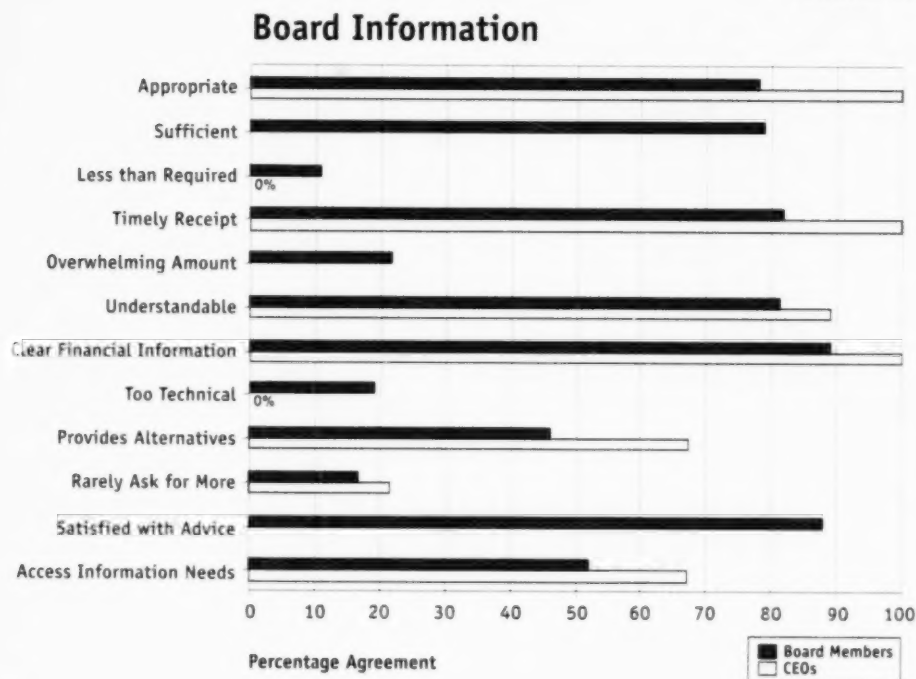
RHA board members report that the information provided to their RHA board is adequate and appropriate. As shown in Figure 17:

- RHA boards are presented with the appropriate information for decision-making according to 77% of RHA board members and all CEOs.
- RHA board members (78%) report that the information provided is sufficient to enable them to participate in the board's decision-making. Further, 74% of RHA board members report that their board generally receives enough information to do an adequate job; only 11% indicated it did not.
- The majority of RHA board members (83%) indicated that the material for board meetings is pre-circulated in adequate time. About one in five RHA board members (22%) reported that they were overwhelmed by the amount of material that needs to be reviewed in preparation for board meetings; more than half of RHA board members (56%) disagreed.
- 82% of RHA board members report that the information provided to them is understandable without being over-simplified. Further, RHA boards receive regular financial information that is clear, according to 89% of RHA board members and all CEOs.
- Approximately one in five RHA board members (19%) feel that the information provided to them has too many acronyms and technical terms; about half of RHA board members (51%) disagreed.
- Less than half of RHA board members (46%) report that the information they receive provides them with sufficient alternative courses of action

from which to select. Substantially more CEOs (67%) indicated the information provides sufficient alternative courses of action.

- 17% of RHA board members indicated that they rarely ask for more information than is provided to the board; 59% of RHA board members indicated that they do.
- RHA board members (87%) are generally satisfied with the advice and recommendations that they receive from senior management of the RHA.
- RHA boards assess their information needs on a regular basis, according to approximately half the RHA board members (52%) and 67% of CEOs.

FIGURE 17



The quality of information received by RHA boards was assessed by asking RHA board members and CEOs to indicate whether the information:

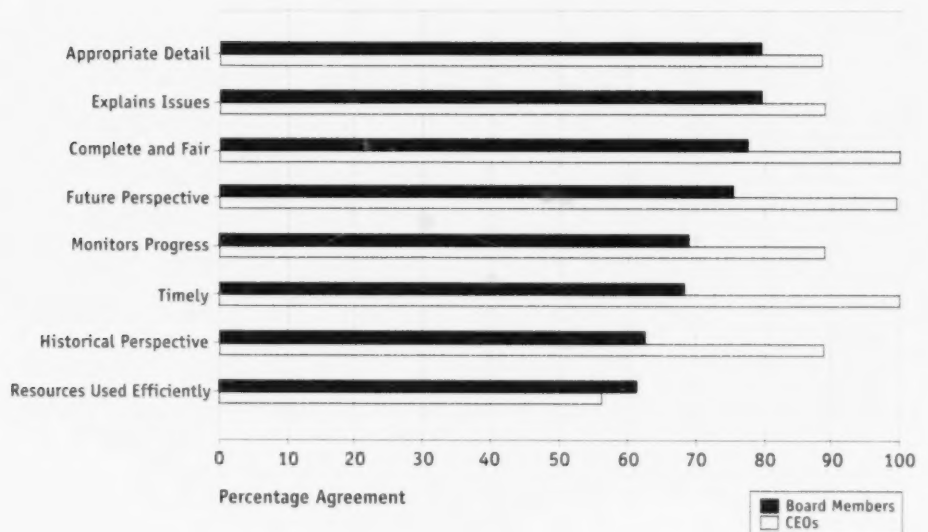
- Has an appropriate level of detail.
- Is a complete and fair representation of all facts.
- Is received in a timely manner for effective decision-making.
- Provides an historical perspective.
- Provides a future-oriented perspective.
- Explains significant issues, changes, or problems affecting the RHA.
- Monitors RHA performance and progress against plan.
- Allows the board to use resources effectively and efficiently.

RHA board members and CEOs perceive that the quality of the information provided to their board supports appropriate decision-making. As shown in Figure 18:

- RHA board members were satisfied that the information they currently receive: has an appropriate level of detail (79%); explains significant issues (79%); and is a complete and fair representation of all facts (77%). They were least satisfied that the information: allows the board to use resources effectively and efficiently (61%); and that it provides an historical perspective (63%).
- As might be expected, CEOs assessed the quality of information much more positively than did RHA board members. Only one aspect received less than 89% agreement: that the information allows the board to use resources effectively and efficiently (56%).

FIGURE 18

Characteristics of Information Provided



"It is very difficult to get all viewpoints - good and bad."

Survey Respondent

"The board makes its decisions based on the information it receives from management...very one-sided."

Survey Respondent

Sole reliance on internal sources of information may require improvement, and the use of external sources of information to provide RHA boards with information independent of the reports it receives from the RHA's senior management may need to be clarified.

- Just over half of RHA board members (58%) stated that their RHA board uses external sources to provide it with information, independent of the administration. A quarter of RHA board members (25%) indicated their board did not use external sources; 16% of RHA board members were unsure. However, all CEOs indicated that such information is provided to RHA boards.
- RHA board members indicated the most common sources of external information came from: external presentations made to the board; information and interaction with other RHAs; government health reports, both federal and provincial; community input and consultation; the media; external auditors; and from board members themselves. CEOs

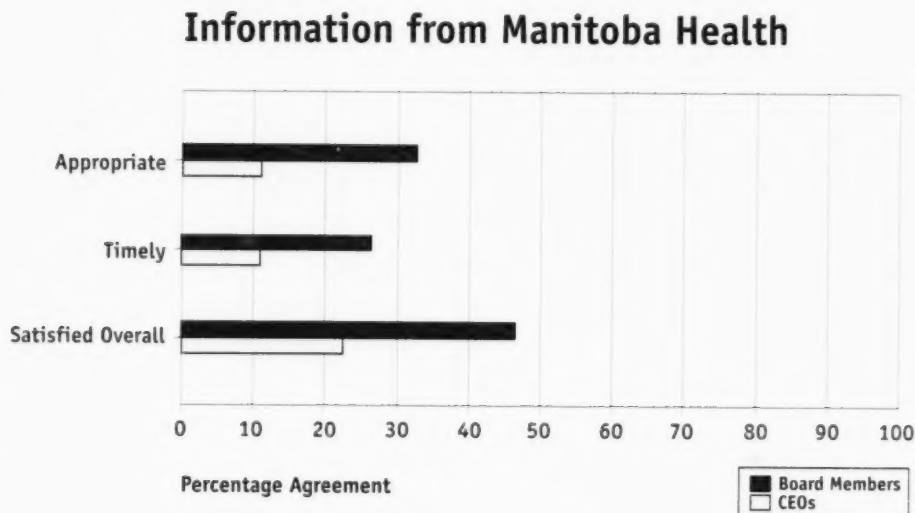
noted external information came predominately from: external auditors; Canadian Council on Health Services Accreditation; government health reports; and community consultation/public meetings.

- 51% of RHA board members are satisfied with the current level of information received from senior management of the RHA; one in five RHA board members (20%) would like to receive further information. The most common information they would like to receive from RHA management is: statistical information and analysis; improved financial information and comparative spending analysis; and Human Resource planning/issues.

When asked specifically about the information provided to RHA boards from Manitoba Health, both RHA board members and CEOs indicated that improvements were required. As shown in Figure 19:

- Only one-third of RHA board members (33%) and even less CEOs (11%) indicated that Manitoba Health provides their RHA with appropriate information for the board to do an adequate job.
- About a quarter of RHA board members (26%) indicated that information from Manitoba Health was provided on a timely enough basis. CEOs were especially critical of the timeliness of information, with over half (56%) indicating timely receipt of information needs improvement.
- Overall, less than half of RHA board members (46%) and only 22% of CEOs indicated they are satisfied with the information currently being received from Manitoba Health.

FIGURE 19



How can RHA boards assess their information needs to ensure information provided adequately enables the board to make good choices among alternatives and use limited resources wisely?

To what extent should RHA boards obtain external information and expertise to counteract their dependence on internal information?

What can be done to ensure that RHA board members receive appropriate information on a timely basis for decision-making from Manitoba Health?

Conclusions

- RHA board members perceive the information provided to their RHA board to be adequate and appropriate for decision-making. Information provided to RHA boards is reported to be generally understandable and clear, and to be pre-circulated in sufficient time to enable RHA board members' participation in decision-making. As less than half of RHA board members report that the information they receive provides them with sufficient alternative courses of action from which to select, this aspect may require improvement. Further, only about half of RHA board members indicated that an assessment of the board's information needs is carried out on a regular basis.
- The majority of RHA board members are generally satisfied with the advice and recommendations provided by RHA senior management. The quality of information provided to RHA boards was perceived to be satisfactory on most characteristics; the lowest rated characteristic was that the information allows the board to use resources effectively and efficiently.
- External sources of information, independent of the reports it receives from the RHA's senior management, may not be used as often as they could be by RHA boards. Such use is only reported by about half of RHA board members; a quarter of RHA board members indicated their board did not use external sources. However, all CEOs indicated that such information is provided to RHA boards.
- Less than half of RHA board members and only a fifth of CEOs indicated they are satisfied with the information currently being received from Manitoba Health. Only one-third of RHA board members and even less CEOs indicated that Manitoba Health provides their RHA with the appropriate information for them to do an adequate job. The timeliness with which information is provided from Manitoba Health was also noted as requiring improvement; CEOs were especially critical of the timeliness of information provided.

ATTRIBUTE 6: BOARD ORGANIZATION

To do its job effectively, a board needs to be well organized with the appropriate processes and structures in place to accomplish its goals. Further, an appropriate board culture, one in which all board members feel free to participate and contribute, must be established to ensure the board works well together. RHA board members (98%) and CEOs (100%) very strongly endorsed the attribute that a board needs to be well organized to do its work.

We explored the organization of RHA boards by examining:

- The board's structure;
- The board's processes; and
- The board culture.

"Individual input enhances discussion, whether it be an opposing view or not, as long as it is presented in a positive manner, and enhances a constructive solution."

Survey Respondent

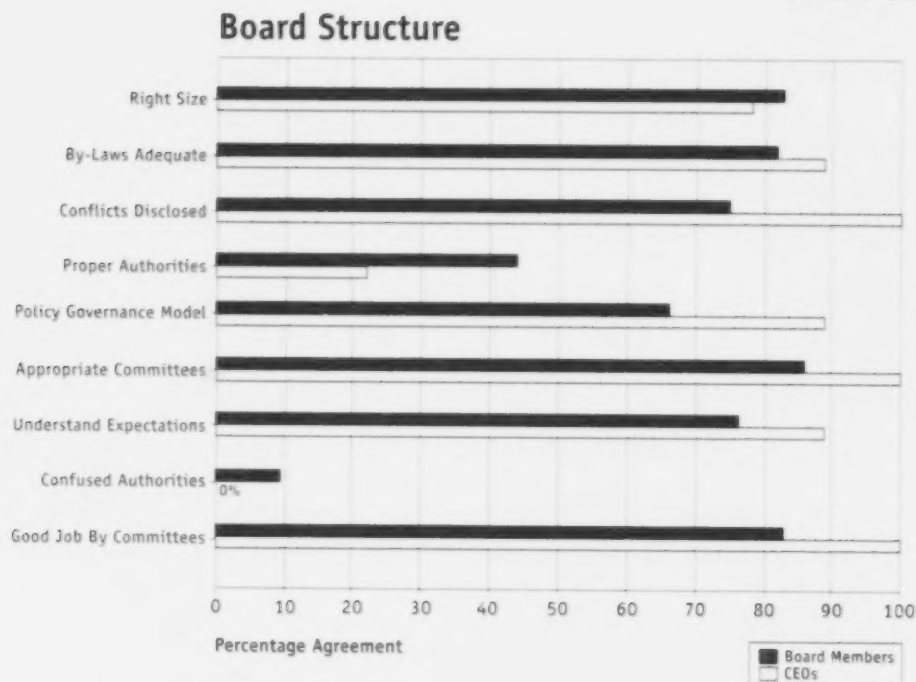
Structurally, RHA board members and CEOs report that RHA boards are well organized to do the job required and that the board committees that have been established are functioning well. As shown in Figure 20:

- Board size was reported to be "about right" by 83% of RHA board members and 78% of CEOs. The ideal RHA board size was perceived to range between 5 and 16 board members, with the large majority of both RHA board members and CEOs indicating 12 to be best.
- RHA board by-laws are adequate and reviewed periodically, according to the majority of RHA board members (82%) and CEOs (89%).
- The majority of RHA board members (76%) and all CEOs are satisfied that all conflicts of interest, as well as related party transactions, are disclosed to the board in a timely manner.
- Less than half of RHA board members (44%) and even fewer CEOs (22%) perceive that RHA boards have the proper authorities to operate the RHA effectively; 39% of RHA board members and 44% of CEOs indicated they do not.
- RHA boards in Manitoba utilize a governance approach, based on the Policy Governance Model developed by John Carver. While the majority of CEOs (89%) are satisfied with the Policy Governance approach utilized by RHA boards, RHA board members (66%) are somewhat more reserved in their judgement.
- 86% of RHA board members and all CEOs indicated that their board has established the appropriate board committees.
- 76% of RHA board members and 89% of CEOs report that in general, each committee understands what is expected of it. Further, there is little confusion between the authority of the board and the authority of the committees, according to 73% of RHA board members and 89% of CEOs; only 9% of RHA board members indicated that such confusion exists.
- Overall, 84% of RHA board members and all CEOs feel that their board committees are doing a good job of carrying out their responsibilities.

"I find smaller boards more effective...On large boards, it appears that 40-60% of the board make the decisions - some only contribute to the discussion process occasionally."

Survey Respondent

FIGURE 20



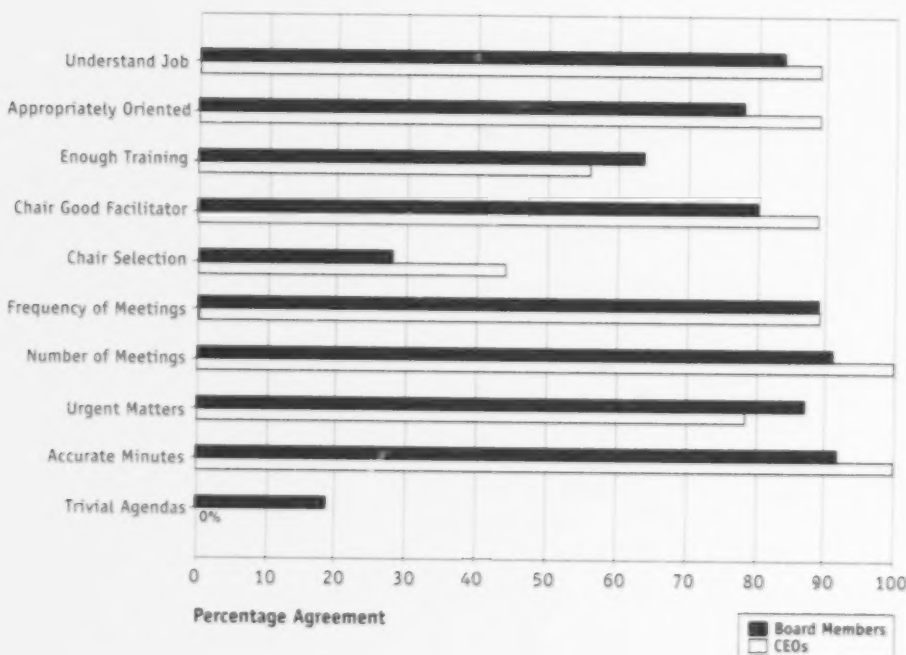
RHA board processes are perceived to be working well and the number of meetings held per year is sufficient for RHA boards to be effective. As shown in Graph 19:

- RHA boards clearly understand their job, according to 84% of RHA board members and 89% of CEOs.
- Almost all RHA board members have received a board orientation, and 77% of RHA board members and 89% of CEOs agreed that new board members are appropriately orientated to the board when first appointed. The vast majority of RHA board members report that the orientation provided by their RHA board, as well as the orientation provided by Manitoba Health and RHAM, to have been very or somewhat useful.
- Since being appointed to the board, 64% of RHA board members indicate they have been provided with enough developmental and training opportunities to help them do the job required; CEOs (56%) were somewhat more reserved in their judgement of whether enough training/developmental opportunities have been provided.
- When asked what further training would be most useful to RHA board members, the most common responses in descending order were:
 - More governance training, both on the Policy Governance Model and on other approaches;
 - Training in financial matters and how to interpret financial statements;
 - Clarification of RHA board member roles, responsibilities and liabilities, as well as jurisdictional and legislative issues;
 - Longer orientation by RHAM/Manitoba Health, done on an ongoing basis;

- Attendance at conferences, seminars and ongoing retreats;
 - Leadership skills training both for Chair and members; and
 - Health related issues training.
- The Chairs of RHA boards are doing a good job of facilitating meetings, according to 80% of RHA board members and 89% of CEOs. The Minister of Health appoints the Chair of the board from among RHA board members to serve for such term as the Minister determines. The current process in place for selecting/changing the Chair was seen to be appropriate by only 28% of RHA board members and 44% of CEOs. While the majority of CEOs (56%) were neutral on this issue, 33% of RHA board members would like to see the process improved.
 - The frequency of board meetings is perceived to be "about right" by 89% of both RHA board members and CEOs. Further, it is considered to be a sufficient number of board meetings for the RHA board to be effective, according to 91% of RHA board members and all CEOs.
 - A process for handling urgent matters between meetings has been established, according to 87% of RHA board members and 78% of CEOs.
 - Minutes of board meetings are perceived to accurately reflect the proceedings, according to the vast majority of RHA board members (92%) and all CEOs.
 - Board agendas are perceived to be well organized and relevant; only 18% of RHA board members indicated that too many trivial matters marred the board agenda.

FIGURE 21

Board Processes



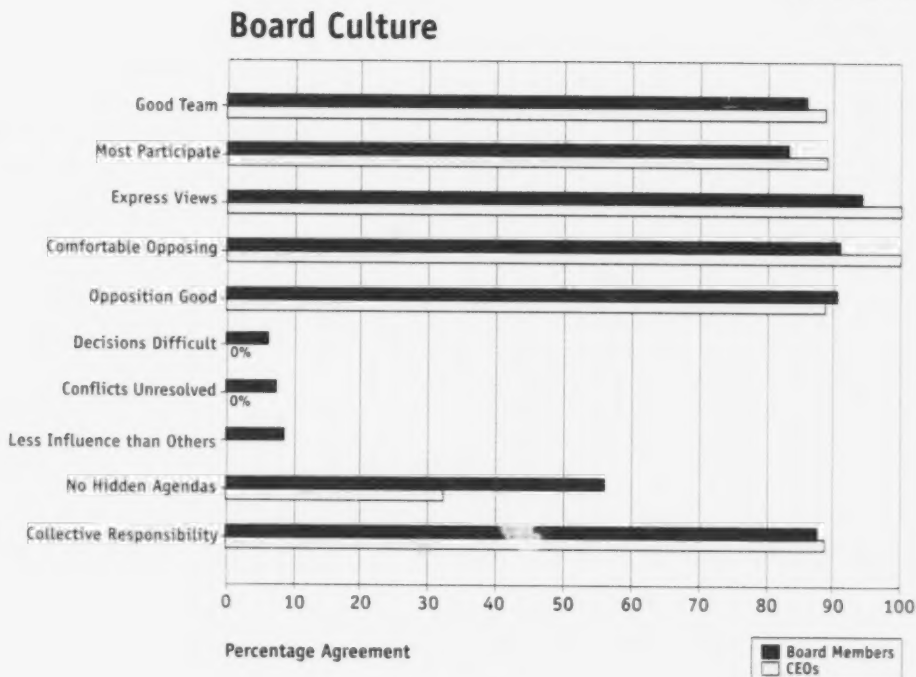
Board culture is often defined as the capacity of board members to work well together in order to advance the aim and goals of their organization. As shown in Figure 22, RHA board members and CEOs perceive the culture of their RHA boards to be a good one and there appears to be no hesitation by RHA board members in participating in board discussions.

- The RHA boards work well together and are a good team, according to 86% of RHA board members and 89% of CEOs.
- 83% of RHA board members and 89% of CEOs report good participation by all. Board members have the opportunity to express their views at board meetings, according to 94% of RHA board members and all CEOs.
- Almost all RHA board members (91%) indicated they feel comfortable taking an opposing view from other board members. Further, 91% of RHA board members believe that having opposing views on the board enhances the discussion and contributes to the decisions made by the board; CEOs concurred.
- Very few RHA board members (5%) and no CEOs felt that having such opposing viewpoints made decisions difficult for their board. Only 7% of RHA board members indicated their board had trouble resolving conflicting positions; most RHA board members (86%) felt their board was doing a good job in resolving conflicts.
- The majority of RHA board members (83%) perceive that they have as much influence over board decisions as their peers; only 8% felt they had less influence than do other board members.
- Just over half of RHA board members (56%) and a third of CEOs (33%) indicated that they do not perceive there to be hidden agendas amongst board members. While CEOs were much more neutral on this issue, about one in five RHA board members (22%) felt that such hidden agendas do exist on their board.
- However, once a decision is made, RHA board members put aside any differences and assume collective responsibility for that decision, according to 88% of RHA board members and 89% of CEOs.

"We are a focused, diverse and cohesive board that, although politically diverse, has put aside extraneous philosophies to achieve common goals."

Survey Respondent

FIGURE 22



Conclusions

- RHA board members and CEOs report that RHA boards are generally well organized to the job required, and are "about right" in terms of size. The appropriate board committees have been established and are perceived to be doing a good job of carrying out their responsibilities.
- There is some indication from RHA board members and CEOs that RHA boards have not been given the proper authorities to effectively run the RHA. This issue warrants further examination.
- RHA boards clearly understand their job and board processes are perceived to be working well. The number of meetings held per year is sufficient for RHA boards to be effective.
- The Chairs of RHA boards were generally reported to be doing a good job of facilitating board meetings. The current process for selecting/ changing the RHA board Chair was seen to be an issue by about a third of RHA board members.
- RHA board members and CEOs perceive that their board culture to be a good one and report that RHA boards work well as a team. RHA board members have the opportunity to express their views at board meetings and there is good participation. Further, almost all RHA board members indicated they feel comfortable taking an opposing view from other board members. Even so, most indicated they were able to resolve conflicting positions on the board.

How can an effective Audit Committee contribute to the performance of an RHA board?

What, if any, further authorities do RHA boards require in order to operate the RHA effectively?

ATTRIBUTE 7: EXTERNAL BOARD RELATIONSHIPS

A board never operates in isolation. While a board is generally independent and autonomous, it is also interdependent with its community and the context within which it operates. There is a need for boards to understand their environment and the other actors, stakeholders, and competitors in the system. Significant external relationships for a board include its clients, its funders, any partners or service providers, as well as the public. RHA board members (95%) and CEOs (100%) strongly agreed that an effective RHA board must maintain appropriate external relationships.

Public sector boards are especially impacted by their relationship with government. They are usually dependent, to some extent, on government for resources, and may be required to take direction and/or implement policy directives and standards specified by government. The result can be a complex and often confused relationship. The ultimate authority a public sector board has for its organization can be impacted if this key board relationship is not carefully managed. Balancing this interdependence with government, with the independence of the board, is an essential aspect of effective board governance in the public sector.

To explore the relationship between RHA boards and their external environment, we examined:

- The relationship between government and the RHA boards;
- The perceived level of government constraints on RHA boards;
- The level of communication and co-ordination between government and RHA boards; and
- The relationship between RHA boards and other external parties.

"It is important that the board have a clear picture of the Minister's intent..."

Survey Respondent

The primary accountability relationship for an RHA board is to the Minister of Health. The Minister of Health has the responsibility and legislative authority to establish the expectations related to the Minister's delegation of responsibility and authority to the RHAs, and to ensure that those expectations are effectively communicated to the RHAs, through legislation, regulations, ministerial directions, policy and guidelines. The Minister also provides the necessary information and support that the RHAs need to meet his/her expectations. Manitoba Health acts as an agent of the Minister to assist the Minister in performing the responsibilities conferred by the Legislature and to support the Minister in all duties.³

Our exploration of the relationship between RHA boards and government revealed a complex and confused relationship. As shown in Figure 23:

- RHA accountability to the Minister of Health is clearly understood, according to 71% of RHA board members. However, only 11% of CEOs agreed. A third of CEOs (33%) indicated that this accountability relationship is not well understood at all.
- Despite the previous finding, both RHA board members (85%) and CEOs (88%) felt that their RHA board is adequately fulfilling their accountability to the Minister of Health.

³ *Achieving Accountability*, Manitoba Health, August 1999

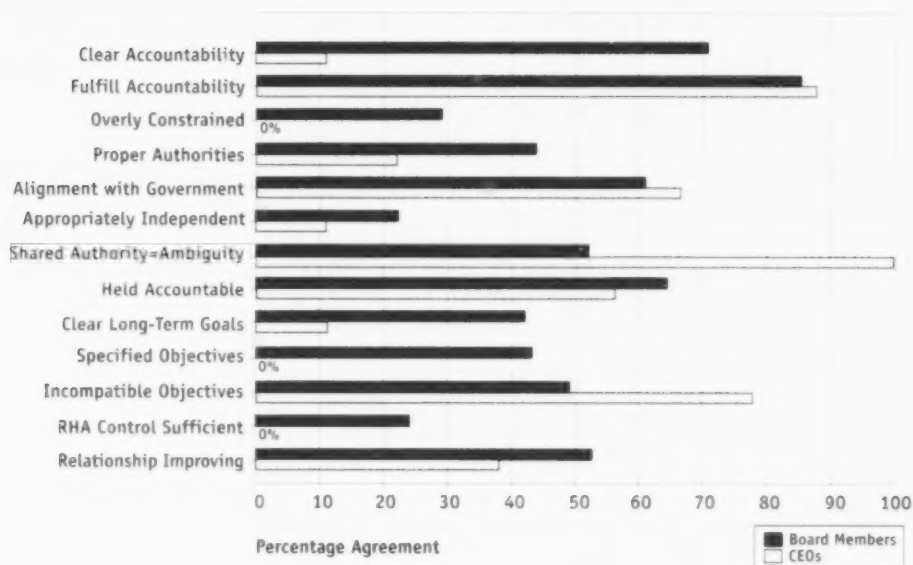
- Only 29% of RHA board members and no CEOs perceived RHA boards to be overly constrained by government legislation and regulations. Yet, as discussed previously, less than half of RHA board members (44%) and even fewer CEOs (22%) feel that RHA boards have been given the proper authorities to operate the RHA effectively.
- The vision, mission and operations of RHAs are sufficiently aligned with those of government, according to 61% of RHA board members and 67% of CEOs.
- Only 22% of RHA board members and 11% of CEOs indicated that the RHAs are appropriately independent of government to make effective decisions for their region. The majority of RHA board members (59%) and CEOs (78%) indicated that the RHAs are not independent enough.
- The shared authorities between RHAs and Manitoba Health have led to ambiguities in the role of RHA boards, according to about half the RHA board members (52%). All CEOs indicated that this ambiguity is an issue.
- Perhaps as a result of the ambiguities arising from shared authority, 65% of RHA board members and 56% of CEOs note that their RHA board has been held accountable for decisions made by Manitoba Health and/or other government bodies.
- RHA board members were divided when asked if government's long-term goals to improve healthcare were clear to them: 42% of RHA board members agreed; just as many disagreed. CEOs provided a much more definitive response, with only 11% of CEOs agreeing and 78% disagreeing that government's long-term goals are clear.
- Almost half of RHA board members (43%) indicated that the government has identified specific objectives that it expects their RHA to achieve. CEOs had a totally different opinion as none agreed, and in fact, 78% of CEOs disagreed that such objectives have been identified.
- There was agreement by both RHA board members (49%) and CEOs (78%) that the public policy initiatives that the government expects RHA boards to undertake are sometimes not compatible with the RHA's operational performance targets and objectives.
- Only about a quarter of RHA board members (24%) and no CEOs believe that RHAs have sufficient control over healthcare in Manitoba. In fact, 54% of RHA board members and 50% of CEOs clearly indicated they do not.
- Overall, the relationship between RHAs and government has been improving, according to about half of RHA board members (54%) and 38% of CEOs. While over a third of both RHA board members and CEOs remained neutral; about a quarter of CEOs and one in ten RHA board members noted a deterioration in the relationship.

"Controversial decisions are 'RHA business'; favourable ones are government policy."
Survey Respondent

"Government needs to allow the RHAs to carry out their responsibilities without imposing political decisions..."
Survey Respondent

FIGURE 23

Relationship with Government



RHA board members and CEOs indicated that the level of communication and co-ordination between RHA boards and government requires improvement. As shown in Figure 24:

- While half of RHA board members (50%) indicated that the expectations between Manitoba Health and RHAs have been clearly defined, no CEOs agreed. Half of CEOs (50%) and 31% of RHA board members indicated that such expectations need to be more clearly defined.
- Less than a third of RHA board members (31%) and no CEOs believe that government has provided RHA boards with a consistent message about their expectations. In fact, almost half of RHA board members (46%) and the vast majority of CEOs (89%) do not believe a consistent message from government has been provided.
- Just over a third of RHA board members (37%) and 22% of CEOs believe that there is effective consultation between government and the RHAs. Effective consultation does not occur, according to 25% of RHA board members and 56% of CEOs.
- In appointing members to the RHA board, government does not consult with the RHA on required skills and qualifications, according to 66% of RHA board members and 78% of CEOs; only 7% of RHA board members and 22% of CEOs indicated that such consultation does occur.
- RHA boards do feel that they appropriately consult with the Minister of Health (or delegates) in making their decisions, according to 61% of RHA board members and 50% of CEOs.
- RHA board members were unclear as to whether the level of co-ordination between their RHA board and Manitoba Health is sufficient, as about a

"Have the Minister of Health attend one of our board meetings!! Would be nice...for board members to interact with him, instead of always the Chairs and CEOs!!"

Survey Respondent

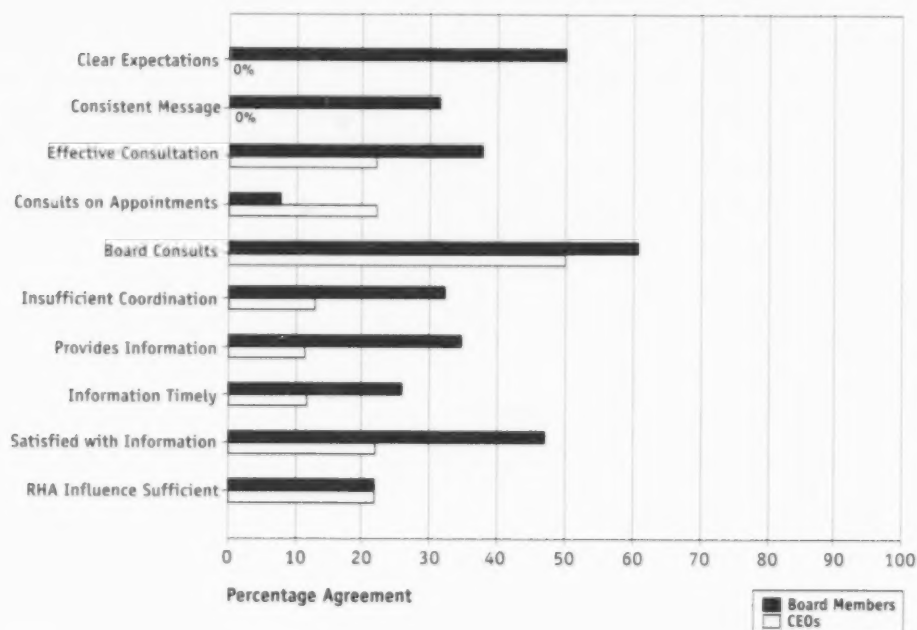
third (36%) indicated it is and a third (32%) indicated it is not. CEOs were largely neutral on this issue, with about a third (38%) indicating that the level of co-ordination is sufficient.

- As noted in a previous section, information provided to RHA boards from Manitoba Health was seen to be somewhat deficient. Only one-third of RHA board members (33%) and even less CEOs (11%) indicated that Manitoba Health provides their RHA with appropriate information for the board to do an adequate job.
- Further, only 26% of RHA board members and 11% of CEOs indicated that information from Manitoba Health is provided on a timely enough basis. CEOs were especially critical of the timeliness of information, with over half (56%) indicating timely receipt of information needs improvement.
- Overall, less than half of RHA board members (46%) and only 22% of CEOs indicated they are satisfied with the information currently being received from Manitoba Health.
- Only 22% of both RHA board members and CEOs feel that their RHA has sufficient influence over provincial health policy decisions that affect their region. The majority of RHA board members (53%) and CEOs (56%) indicate that they do not.

"We as board members do not receive any type of information from government other than through our CEO."
Survey Respondent

FIGURE 24

Communication with Government



When RHA board members and CEOs were asked how to improve the relationship between government and their RHA board, the following comments were provided (in descending frequency):

- *RHA boards require more flexibility and autonomy. Government should develop long term goals for the province and allow the RHAs to make the hard decisions within their region to ensure fiscal responsibility.*
- *Too much government interference currently exists; there is a need to separate politics and elections from long-term healthcare planning.*
- *More expedient financial decisions and approval of budget submissions in order to allow RHAs to make effective strategic decisions.*
- *The Minister of Health meeting directly with each RHA board in their own region on an annual basis, to discuss local issues and keep board clear on government position and direction.*
- *More direct communication between RHA boards and government, with information directly to RHA board members, not just Chair and CEO.*
- *Concise and clearer direction from government; some policies and requests are not sufficiently defined.*
- *Define and clarify the role of Manitoba Health; eliminate duplication of services between Manitoba Health and RHAs.*
- *Equity of funding.*
- *Improved recruitment and board input into chairperson selection.*

RHA boards have a number of other external relationships that impact the work they do. The key relationship is with the citizens of their region and the people served by the RHA. Relationships also exist with other RHAs, District Health Advisory Councils for some RHAs, and the non-devolved boards of hospitals/institutions in some regions. As shown in Figure 25:

- The residents of the region are a key external stakeholder for RHA board members, as the large majority (89%) noted that they feel most accountable to the residents of the region for the impact of their decisions.
- RHA boards effectively communicate their strategic direction and priorities with their community, according to 64% of RHA board members and 67% of CEOs.
- RHA boards adequately consider the interests of all key stakeholders in making their decisions, according to 84% of RHA board members and all CEOs.
- Half of RHA board members (50%) and 78% of CEOs perceive that the level of community consultation provides an accurate understanding of what residents want from the RHA.
- Being pressured from too many groups with conflicting views was not an issue for RHA boards, according to 65% of RHA board members and 56% of CEOs; only 12% of RHA board members and 11% of CEOs felt it was.
- 36% of RHA board members and 13% of CEOs indicated that the role of District Health Advisory Councils (DHACs) in their region have not been adequately clarified; 41% of RHA board members and 50% of CEOs feel that such clarification has occurred. It should be noted that not all RHAs

"One cannot underestimate the importance, nor the time required to, link with stakeholders - particularly in regions with multiple political arenas."

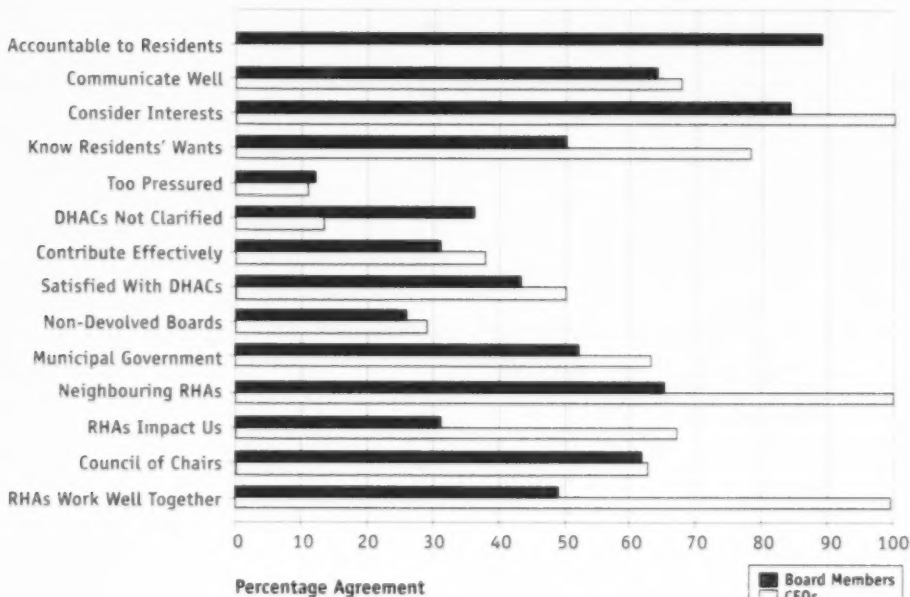
Survey Respondent

have established DHACs, which may impact the interpretation of this finding.

- There is almost an equal split between those RHA board members (31%) that feel DHACs are contributing effectively to the performance of the RHA, and those who do not (32%). CEOs were largely neutral on this issue, but 38% did agree that they have been contributing effectively.
- Overall, 44% of RHA board members and 50% of CEOs indicated they were satisfied with the working relationship of DHACs with their RHA.
- About a quarter of RHA board members (26%) and slightly more CEOs (29%) feel that confusion exists between the role of non-devolved boards within the region and the RHA. Such confusion does not exist, according to 46% of RHA board members and 72% of CEOs.
- The level of influence of municipal governments within the region is appropriate, according to 53% of RHA board members and 63% of CEOs.
- The relationship between neighbouring RHAs was seen to be a good one, according to the majority of RHA board members (65%) and all CEOs.
- The decisions of neighbouring RHAs have an impact on the RHA board, according to 67% of CEOs, but only about a third of RHA board members (31%).
- The Council of Chairs approach for RHA collaboration is an effective one, according to 62% of RHA board members and 63% of CEOs.
- Overall, RHAs are working together well, according to all CEOs but only half of RHA board members (49%).

FIGURE 25

External Relationships



How can the relationship between RHA boards and government be clarified and improved?

What impact do RHAs have on each other, and how can the relationship amongst RHAs be enhanced?

Conclusions

- There is some indication RHA accountability to the Minister of Health requires clarification. Nevertheless, RHA board members and CEOs feel that they are adequately fulfilling their accountability obligations to the Minister.
- RHA boards are not perceived to be overly constrained by government legislation, yet RHA boards do not feel they have been given the proper authorities to operate the RHA effectively. The shared authorities between RHAs and Manitoba Health have led to ambiguities in the role of RHA boards and needs to be clarified.
- RHAs are not perceived to be appropriately independent of government to make effective decisions for their region, and RHA board members do not feel that RHAs have sufficient control over healthcare in Manitoba.
- Effective communication and consultation with government is an issue, likely more so for CEOs than for RHA board members. The majority of RHA board members and CEOs do not believe that government has provided them with a consistent message about its expectations. Government's long-term goals to improve healthcare and their expectations of RHAs have not been made clear.
- RHA board members and CEOs were not generally satisfied with the adequacy and timeliness of information provided to RHA boards from Manitoba Health.
- More than half of RHA board members and CEOs feel that RHAs do not have sufficient influence over provincial health policy decisions that affect their region.
- RHA boards feel that they adequately consider the interests of all key stakeholders in making their decisions. RHA board members view themselves to be most accountable to the residents of their region, and generally feel that they are doing a good job of community consultation.
- RHA board members do not feel that the decisions of other RHA boards has much impact on them, yet CEOs do. CEOs are also more likely than RHA board members to believe that the RHAs are working well together overall.

ATTRIBUTE 8: INTERNAL RELATIONSHIPS

The relationship between a RHA board and its CEO is one of the most important internal relationships for a RHA. The CEO acts, in most cases, as the main conduit of information between the RHA's administration and the board. S/he generally sits at the apex of the RHA's management team, and is responsible for the implementation of the board's decisions. While an RHA board member's position is part-time and for a specified term, the CEO's position is full-time, permanent and a source of professional prestige and livelihood. Although the board, as ultimate authority, hires and evaluates the CEO, the CEO accrues power from his/her greater knowledge of the functioning of the RHA, his/her awareness of its history, and through peer relationships built over time. As such, the CEO is a key contributor to any organization's success.

The board form of governance assumes that, as the board has ultimate authority, the board retains all authorities not specified or delegated to management. The board can then decide to delegate these residual authorities, when and as the situation warrants. If these residual authorities are considered to automatically fall to the authority of the CEO, an erosion in the board form of governance may be perceived to occur. It is important, therefore, that there be clarity in the allocation and sharing of power and authority between a board and its CEO.

An effective RHA board needs to define clear relations with its CEO; RHA board members (99%) and CEOs (100%) very strongly concurred with this attribute of our Model of Governance.

We explored this aspect of RHA board governance by examining:

- The role of the CEO;
- The relationship between the CEO and the board; and
- How authority is shared between the RHA board and its CEO.

RHA boards indicate that they have developed an effective working relationship with their CEOs. As shown in Figure 26:

- 84% of RHA board members and 89% of CEOs noted that RHA boards have set clear expectations for their CEO.
- RHA board members (85%) and CEOs (89%) agreed that they share a common view of the RHA's priorities, and there was strong agreement by RHA board members (95%) that their CEO acts to further the objectives of the board.
- The CEO is viewed as having the most important job in the RHA by 63% of RHA board members and CEOs. There was a somewhat stronger perception that RHA board members (88%) and CEOs (100%) are colleagues working for the same goals, albeit with different tasks.
- Almost all RHA board members (97%) stated that they rely on their CEO to know what is going on in the RHA and expect the CEO to keep the board informed; 89% of CEOs concurred with this role.
- 70% of RHA board members and 88% of CEOs indicate that RHA boards are adequately conducting performance evaluations of the CEO. Further, 67% of RHA board members and 75% of CEOs noted that their RHA board has developed a specific process and criteria for recruiting and appointing a CEO.
- In regards to other internal board relationships, 62% of RHA board members and 56% of CEOs perceive that their board has established an effective working relationship with physicians/medical practitioners.
- Overall, RHA board members (87%) are generally satisfied with the advice and recommendations that they receive from senior management of the RHA.

"RHA boards receive most of their direction from the CEO and senior management...and realistically, why should a bunch of non-health care professionals like our board challenge and/or contradict senior management's opinions? Supposedly, we hired the CEO because we trusted him/her to do a job. In turn, the CEO hired a senior management team because they were trusted experts in their field. So who are we, as board members, to question?"

Survey Respondent

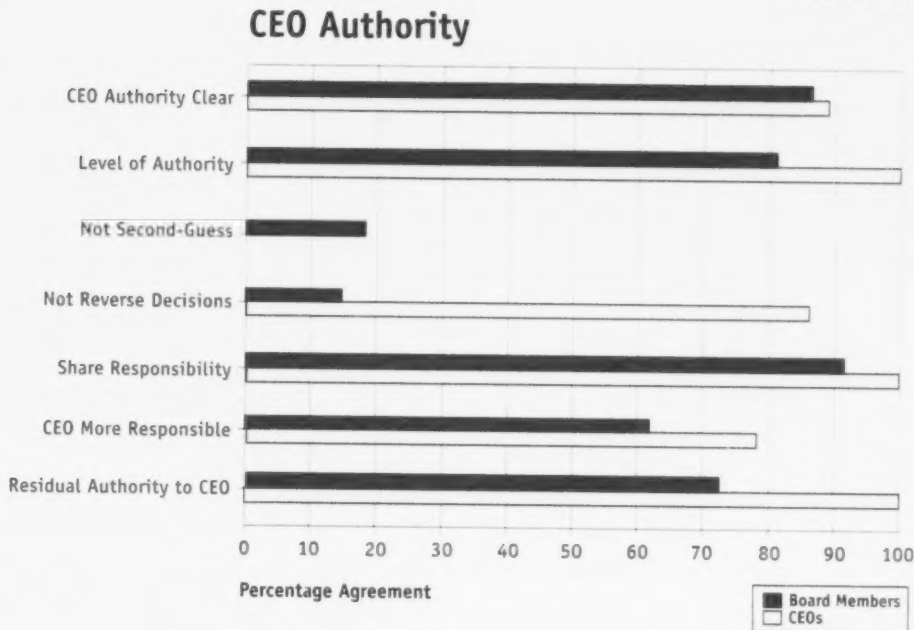
FIGURE 26



In the working relationship, RHA board members and CEOs perceive authority to be shared between them. As shown in Figure 27:

- 86% of RHA board members and 89% of CEOs report that the lines of responsibility between the RHA board and the CEO have been clearly delineated.
- The level of authority accorded to the CEO was reported to be "about right" by 81% of RHA board members; all CEOs concurred.
- RHA board members (63%) generally do not hesitate to second guess the decisions made by senior management; only 18% stated that they would not.
- Further, only 16% of RHA board members feel that they cannot reverse decisions that were pre-made by RHA management prior to the board meeting; 61% indicated they felt they could. However, CEOs had a different view, with 86% indicating that RHA board members do not reverse pre-made management decisions.
- 91% of RHA board members and all CEOs agreed that the CEO shares responsibility with the board for the RHA's effectiveness.
- However, 62% of RHA board members and 78% of CEOs further agreed that the CEO is ultimately more responsible for the effectiveness of the RHA than are board members.
- About three-quarters of RHA board members (73%) and all CEOs indicated that any authorities not specifically those of the board fall within the authority of the CEO.

FIGURE 27



Conclusions

- The relationship between RHA boards and their CEO is a strong, collegial one. RHA boards report that clear expectations of the CEO have been set. RHA board members and CEOs indicate that they share a common view of the RHA's priorities and that the CEO acts to further the RHA board's objectives.
- RHA board members rely on the CEO to keep them informed and are generally satisfied with the advice and recommendations received from their CEOs. They also indicated that they had no hesitation in revisiting and if need be, reversing decisions made by senior management. CEOs had a different view, with the majority indicating that RHA board members do not reverse management decisions.
- In the working relationship, the lines of authority between RHA boards and their CEO are perceived to have been clarified and the majority of RHA board members and CEOs agree with the level of authority accorded the CEOs.
- The majority of RHA board members and CEOs noted that they perceive the CEO as ultimately more responsible for RHA effectiveness than the board. Further, about three-quarters of RHA board members indicated that any authorities not specifically those of the board fall to the CEO. Hence, for many, residual authority is automatically accorded to the CEO. CEOs strongly agreed with this observation.

What are the implications of allowing the board's residual authority to rest with the CEO?

ATTRIBUTE 9: BOARD EFFECTIVENESS AND IMPACT

All of the foregoing attributes integrate to create the overall contribution of the RHA board to its organization: the contribution of good governance. Determining the effectiveness of a board has been the subject of much research. As no objective indicators of effectiveness have been developed, the standard approach is to ask board members to self-assess their perception of board effectiveness. However, the limitation with this approach is that it is strictly a value-judgement made by those directly involved, and research studies have indicated that people, in making such value-judgements of their own effectiveness, are largely overconfident.

To move beyond self-assessments of effectiveness, our Model of Governance looks at how a RHA board actually impacts, or makes a difference to, the RHA for which it is responsible. While some board evaluations use policy creation as a measure of impact, we did not feel that this policy perspective provides a unique activity upon which to assess board effectiveness, as many different parts of an organization are involved in the development and implementation of policy. Boards do, however, specifically make decisions. Hence, the Model of Governance defines the RHA board's service to its RHA as its decisions. The impact of the RHA board's decisions is deemed to be the desired outcome of the board.

Therefore, we explore the effectiveness of RHA boards by assessing:

- The perception of RHA board members and CEOs of their own effectiveness;
- The quality of the board's decision-making – its output; and
- The impact of the board's decisions – the board's outcome.

RHA board members and CEOs endorse the principle that RHA boards should be evaluated on a periodic basis. Perceived effectiveness, as self-assessed by RHA board members and CEOs, is relatively high. As shown in Figure 28:

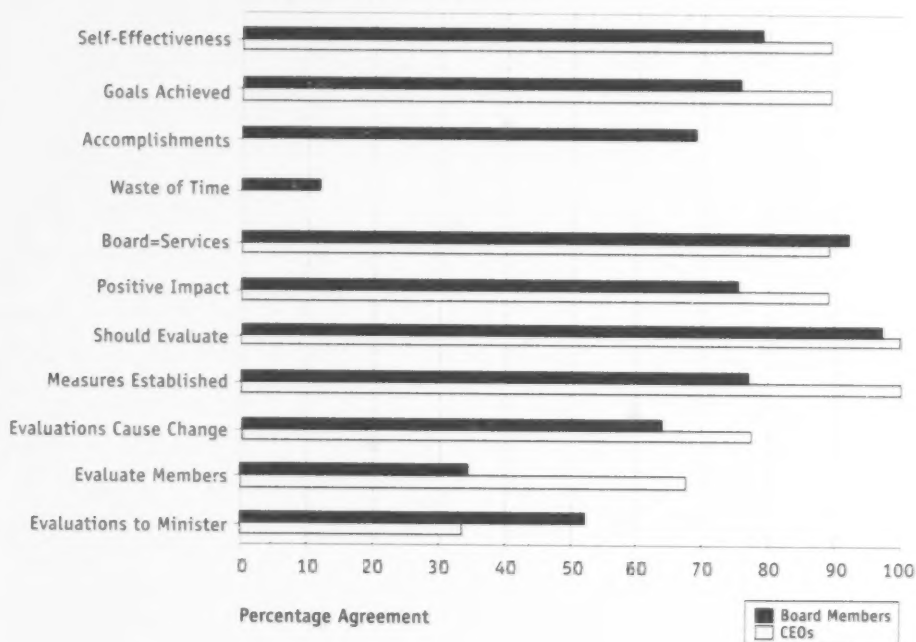
- 79% of RHA board members and 89% of CEOs report their RHA board is carrying out its responsibilities effectively. RHA board members (75%) and CEOs (89%) are quite satisfied with the performance of their RHA in achieving the board's goals.
- As noted in a previous section, RHA board members (69%) are generally satisfied with what has been accomplished by their board, and the majority of RHA board members (80%) do not perceive that being a member of a RHA board is a waste of their time; only 12% felt that it is.
- Board effectiveness is not often differentiated from overall organizational effectiveness, and RHA boards are no different. The vast majority of RHA board members (92%) and CEOs (89%) indicated that they perceive the RHA board to be effective when the services of the RHA meet the healthcare needs of their community. As RHA board members (75%) and CEOs (89%) perceive that their RHA board has had a positive impact on healthcare in their region, an assumption can be made that they view their RHA board to be effective.
- RHA board members (97%) and CEOs (100%) strongly concur that board performance should be evaluated on a periodic basis.

"I believe our board is fairly strong and their thinking is outcome oriented."

Survey Respondent

- RHA boards have established measures to evaluate their effectiveness, according to 77% of RHA board members and all CEOs.
- Board evaluations do have an impact on the board, as 64% of RHA board members and 78% of CEOs indicate that the evaluations conducted have resulted in changes being made to improve board performance.
- The contribution of individual board members is not often evaluated, according to about half of RHA board members (49%); only about a third of RHA board members (34%) indicated that such evaluations occur periodically. CEOs had a different opinion on this issue, as 67% felt that such evaluations do occur.
- About half of RHA board members (53%) and a third of CEOs (33%) indicated that they provide an assessment of their effectiveness to the Minister of Health or Manitoba Health periodically. CEOs were more likely to indicate that this is not the case.

FIGURE 28

Board Effectiveness

In order to more objectively assess RHA board effectiveness, our survey examined the RHA board members' perceptions of the quality of their board decisions. As shown in Figure 29:

- RHA boards are provided with the appropriate information to make decisions, according to 77% of RHA board members and all CEOs. The majority of RHA board members (78%) indicated that the information provided is sufficient to enable their participation in decision-making.

"Some members still have a tendency to get into 'operational' matters, probably because of public pressure."

Survey Respondent

"Seems to me most of the actual health care decisions are between the Minister, the Department and the CEOs -- boards just do some minor fine tuning."

Survey Respondent

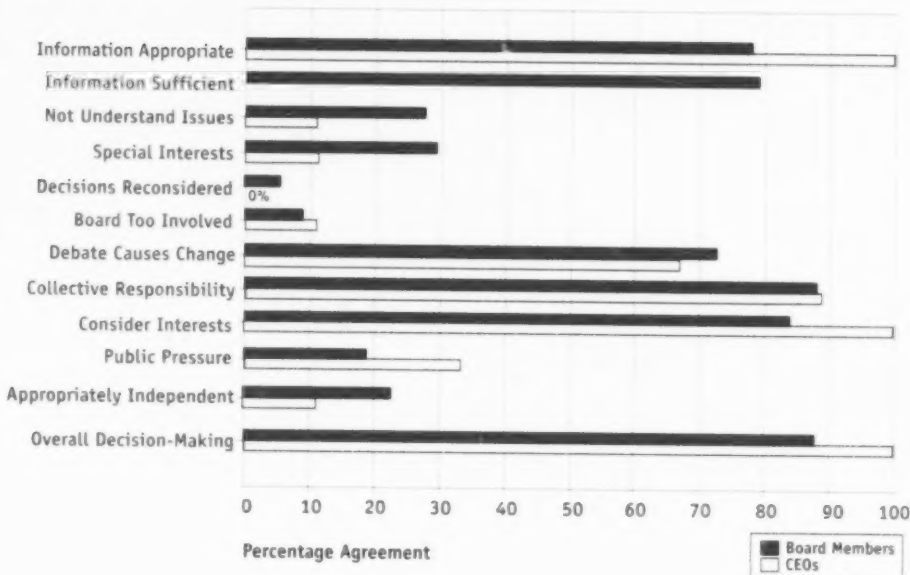
"The Minister often makes decisions which will be imposed on the board."

Survey Respondent

- RHA board members and CEOs do not generally perceive decision-making on the board to be hampered by members who lack a good understanding of issues; only 27% of RHA board members and 11% of CEOs feel that this is an issue.
- Further, decision-making is not generally hampered because RHA board members represent special interests on the board; only 29% of RHA board members and 11% of CEOs feel this to be an issue.
- RHA boards are reported to be decisive, by the majority of RHA board members (84%) and CEOs (78%). Very few RHA board members (5%) and no CEOs perceive that board decisions are reconsidered too often.
- RHA board members (79%) and CEOs (78%) do not feel that their RHA board becomes too involved in day-to-day management decisions; only 9% of RHA board members and 11% of CEOs perceive this to be the case.
- The quality of debate on matters before the board is generally reported to be effective, as 73% of RHA board members and 67% of CEOs indicated that board debate of decisions may result in changes to the original proposal from management.
- RHA board members (88%) and CEOs (89%) noted that once a decision has been made, the board puts aside differences and assumes collective responsibility for that decision.
- The majority of RHA board members (84%) and all CEOs indicate that their RHA board adequately considers the interests of key stakeholders in making its decisions. However, public pressure does not generally influence the board to make decisions it would not otherwise make, according to 52% of RHA board members; about a fifth of RHA board members (19%) feel that it does. CEOs were much more reserved in their judgement of this issue, as a third of CEOs (33%) felt that public pressure does have a large impact, a third felt it does not, and a third remained neutral.
- As public sector boards, government may also influence decision-making. As discussed in a previous section, RHA board members (52%) and CEOs (78%) did indicate some concern that RHA boards are not appropriately independent of government to make effective decisions for their region; only 22% of RHA board members and 11% of CEOs feel that they are.
- Yet, overall, RHA board members (87%) and CEOs (100%) are quite confident that their RHA board generally makes good decisions.

FIGURE 29

Board Decision-Making



Board outcome is defined as the impact of the board's decisions. As the majority of RHA board members (81%) and CEOs (67%) agreed with the attribute of our Model of Governance that states that an effective RHA board should, as necessary, make changes in the recommendations made to it by the administration, we used this attribute as a proxy measure for board impact. Our survey therefore examined the RHA board members' perceptions of whether, in fact, their board has made such changes. As shown in Figure 30:

- The majority of RHA board members (82%) and CEOs (78%) indicated that their RHA board is clear on its desired outcomes for their RHA.
- About a third of RHA board members (31%) and 11% of CEOs feel that their RHA board often acts as a "rubber-stamp" for conclusions reached by senior management. The majority of RHA board members (54%) and CEOs (89%) do not feel their RHA board is a "rubber stamping" boards.
- As noted in a previous section, RHA board members indicated they generally feel empowered to reverse decisions made by senior management of the RHA if required; only 16% indicated they cannot. CEOs had quite a different view, with 86% indicating that RHA board members do not reverse pre-made management decisions.
- However, when asked if RHA boards have made changes as necessary in the policy recommendations of senior management, only 21% of RHA board members and no CEOs indicate this has occurred. In fact, almost half of RHA board members (48%) and even more CEOs (56%) noted that such changes do not occur.

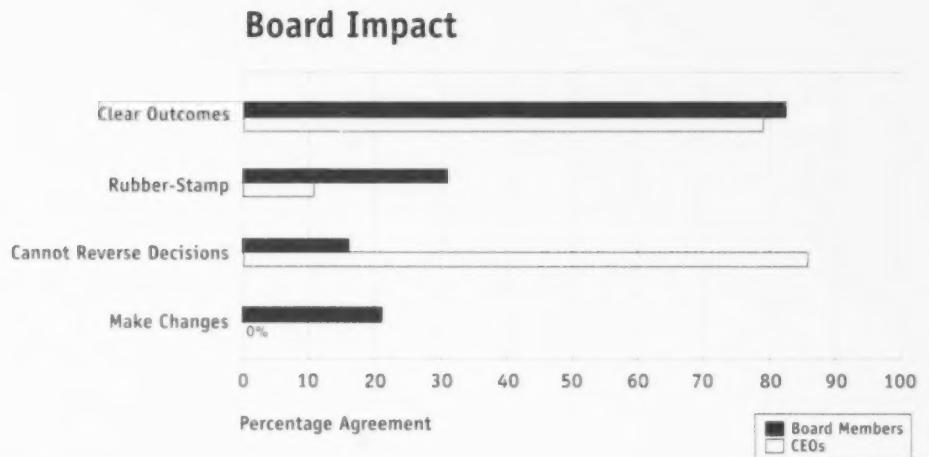
"Weak boards are easily manipulated and serve no purpose."

Survey Respondent

"RHA effectiveness is undermined by the fact that...dollars are given by the province for specific initiatives...If we don't 'rubber stamp' the initiative, we forfeit the dollars."

Survey Respondent

FIGURE 30



Conclusions

- RHA board members and CEOs strongly endorse the belief that board performance should be evaluated on a periodic basis, and there is indication that conducting such evaluations is seen to result in positive changes to board performance.
- RHA board members and CEOs self-assess themselves to be effective at what they do and they report that RHA boards are carrying out their responsibilities effectively. Further, both RHA board members and CEOs are satisfied overall with the accomplishments of their RHA board.
- RHA board members generally believe that their RHA board is effective when the RHA's services meet the health needs of the community. However, it is our belief that board effectiveness should be differentiated from organizational effectiveness and it should not be assumed that board is effective when its organization achieves success, nor conversely, that a board is ineffective if its organization experiences difficulties. Distinguishing RHA board effectiveness from organizational performance necessitates that a RHA board be clear on its desired outcomes and that it establish objective measures to evaluate the board's unique contribution. Differentiating board effectiveness from overall organizational effectiveness is an area that will require further exploration.
- RHA board members and CEOs report that their RHA board's decision-making is productive and efficient. The quality of debate on matters before the board is reported to be effective and decisions are not perceived to be reconsidered too often. Board decision-making is not perceived to be hampered by a lack of knowledge and understanding of issues, nor by RHA board members representing special interests on the board. Overall, RHA board members and CEOs are confident that their RHA board generally makes good decisions.

What objective measures of effectiveness could a RHA board develop to assess their own performance and unique contribution to the RHA, as distinguished from the organization's overall effectiveness?

- The impact of RHA board decisions may be somewhat more limited. About a third of RHA board members indicated that their board acts as a 'rubber-stamp' for management decisions. Further, although the majority of RHA board members agreed that RHA boards should, as necessary, change the policy recommendations made to it by senior management, few RHA board members and no CEOs agreed that they do in fact make such changes. Instead, almost half of RHA board members and even greater CEOs indicated that such changes do not occur.

Concluding Observations

The significant response to our survey by RHA board members and CEOs is indicative of their keen interest in governance issues and their commitment to enhancing the effectiveness of RHA board governance. Given the length of our survey instrument, the extra time taken by many RHA board members and CEOs to raise additional governance issues or to further clarify their thoughts about particular aspects of the survey is significant, and much appreciated.

RHA boards are relatively young in their evolution and the process of regionalization comparatively recent. The many open-ended comments received dealing with issues of regionalization indicate that RHAs are reaching a stage of maturity where further enhancement and clarification of regionalization and the role of RHA boards may be constructive.

How can RHA boards engage their communities to increase understanding of regionalization and the role/impact of RHAs?

- 81% of RHA board members and 67% of CEOs perceive that the purpose of RHA boards and regionalization is not well understood by the residents of their region. Obviously, more can be done by all parties to improve public awareness.
- RHAs do not feel that the pace of change in the regionalization of healthcare in Manitoba has been too rapid; only 14% of RHA board members have this concern. In fact, the significant level of disagreement with this statement, especially on the part of CEOs, may perhaps imply that RHAs would like to see change at a faster pace.
- Overall, RHA board members (75%) and CEOs (89%) are confident that to date, their RHAs boards have had a positive impact on healthcare in their regions.
- However, with respect to the future, only 39% of RHA board members told us they were confident that the healthcare system in Manitoba is improving and will continue to do so. Almost as many RHA board members (27%) disagreed with this positive outlook. CEOs had a much more positive outlook, with 78% stating their confidence that the system is improving and will continue to do so.
- The most common written comments provided by respondents dealt with issues of funding, equity and the long-term financial outlook for healthcare in Manitoba. There is no doubt that these issues will require further review and clarification, and will present a significant challenge for RHA boards and governments in the future.

Overall, our survey results revealed much that is positive in the operation of RHA boards and identified a number of areas where further thought is warranted. The Model of Governance presented in this report outlines a number of attributes for effective governance. However, there is no "one size fits all" solution for effective governance. Rather, the Model should simply be used as a basis for individual RHA board discussions around best practices and solutions that suit each board's unique situation.

Effective governance does not simply occur when board members sit around a table, as if by magic. Rather, it takes hard work and sustained effort by all involved. And as with all such human endeavours, the effectiveness of governance can always be improved. The result of such efforts is improved organizational effectiveness, and stronger accountability processes. These are key components to ensuring that the citizens of Manitoba are well served by public institutions, such as RHAs.

We hope this report stimulates an active and thoughtful dialogue on enhancing RHA board governance practices. We encourage all Manitobans interested in RHA boards and regionalization to contribute to this dialogue and assist RHA board members, RHA management, as well as the Minister of Health and Manitoba Health, in enhancing the contribution that effective RHA boards can make to our community and to healthcare in Manitoba.

Regional Health Authorities Included In This Study

Appendix A

Brandon Regional Health Authority Inc.

Burntwood Regional Health Authority Inc.

Churchill RHA Inc.

Interlake Regional Health Authority Inc.

Marquette Regional Health Authority Inc. *

NOR-MAN Regional Health Authority Inc.

North Eastman Regional Health Authority Inc.

Parkland Regional Health Authority Inc.

Regional Health Authority – Central Manitoba Inc.

South Eastman Health/ Sante Sud Est Inc.

South Westman Regional Health Authority Inc. *

Winnipeg Regional Health Authority

* Note that as of July 2002, these two RHAs have been amalgamated into one body and have been renamed the Assiniboine Regional Health Authority.

Appendix B

Data Tables

The following data tables list the statements as they were worded on the questionnaire for RHA board members. Some statements were slightly reworded and/or omitted on the CEO questionnaire. Percentages may not add up to 100 due to rounding.

OUR MODEL OF GOVERNANCE

Importance of Attributes for RHA Board Effectiveness	Mean		Board Members			CEOs		
			Un- important	Neutral	Important	Un- important	Neutral	Important
	BM	CEO	%			%		
Clearly understanding the organization's goals.	4.6	4.6	-	3	97	-	-	100
Setting agreed upon priorities for the board.	4.5	4.6	-	4	96	-	-	100
Being accountable for the effectiveness of the organization.	4.5	4.1	1	1	98	11	-	89
Being clear on who it is the board represents.	4.5	4.3	-	4	96	-	-	100
Being clear on board responsibilities.	4.6	4.6	-	1	99	-	-	100
Having board members who are committed to the organization.	4.7	4.4	-	-	100	-	11	89
Having the appropriate information to make decisions.	4.7	4.7	-	-	100	-	-	100
Being organized as a board.	4.5	4.3	-	2	98	-	-	100
Maintaining appropriate linkages with external organizations.	4.3	4.4	2	3	95	-	-	100
Defining clear relations with the CEO.	4.7	4.8	-	1	99	-	-	100
Making policy decisions for the RHA.	4.7	4.4	-	1	99	-	11	89
As necessary, changing the recommendations made to the board by the administration.	4.1	3.8	3	16	81	-	33	67

Current Effectiveness of RHAs on Attributes	Mean		Board Members			CEOs		
			Un- important	Neutral	Important	Un- important	Neutral	Important
	BM	CEO	%			%		
Clearly understanding the organization's goals.	4.0	3.9	2	17	81	-	11	89
Setting agreed upon priorities for the board.	3.9	3.9	4	19	77	11	11	78
Being accountable for the effectiveness of the organization.	3.9	3.7	5	21	74	22	-	78
Being clear on who it is the board represents.	3.8	4.2	6	23	71	-	-	100
Being clear on board responsibilities.	3.9	4.2	5	19	76	-	11	89
Having board members who are committed to the organization.	4.0	4.2	3	21	76	-	11	89
Having the appropriate information to make decisions.	3.8	4.2	10	15	75	-	-	100
Being organized as a board.	4.0	4.0	4	16	80	-	11	89
Maintaining appropriate linkages with external organizations.	3.6	4.1	6	32	62	11	-	89
Defining clear relations with the CEO.	4.0	4.6	5	13	82	-	-	100
Making policy decisions for the RHA.	4.0	4.0	3	17	81	11	11	78
As necessary, changing the recommendations made to the board by the administration.	3.7	3.7	5	34	61	-	33	67

Governance Definition	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
I would define governance as people working together to set direction and be accountable for an organization.	4.5	4.7	-	2	98	-	-	100
As a board member of an RHA, my governance activity fulfils an important role in society.	4.1	n/a	7	8	85	n/a	n/a	n/a
Overall, I am satisfied that my governance contribution through this board makes a positive difference to my community.	3.8	n/a	7	17	76	n/a	n/a	n/a

ATTRIBUTE #1: PURPOSE AND ACCOUNTABILITY

Setting Direction and Goals	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
The goals of this RHA are important to me.	4.7	4.8	-	1	99	-	11	89
This board has a clear understanding of the RHA's goals.	4.1	4.4	9	8	83	-	11	89
This board discusses the fundamental goals of the RHA.	4.0	3.9	5	9	86	11	-	89
This board has clear priorities for itself in leading this RHA.	3.9	4.2	8	10	82	11	-	89
This board and the CEO share a common view of the RHA's priorities.	4.1	4.3	5	10	85	11	-	89
This board identifies annually specific performance objectives it expects the RHA to achieve.	4.0	4.2	8	7	85	11	-	89
This board does a good job of identifying and assessing the risks involved in meeting operational goals.	3.7	3.8	10	19	71	11	-	89
I am satisfied with the strategic planning process utilized by the board.	3.8	3.8	10	17	73	11	22	67
The board often refers to the strategic plan in making its policy decisions.	3.8	2.3	8	20	72	22	22	56
The priorities of this board shift as new members are appointed.	2.6	3.0	54	25	22	38	25	38
I am satisfied with the performance of this RHA in achieving the goals established by the board.	3.7	4.1	10	15	75	11	-	89

ATTRIBUTE #1: PURPOSE AND ACCOUNTABILITY (CONT'D.)

Accountability	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
This board is accountable for the actions of the RHA.	4.1	4.2	3	9	88	-	-	100
It is clear to me to whom this board is accountable.	3.9	3.4	8	10	82	11	33	56
RHA accountability to the Minister is clearly understood.	3.6	2.8	19	10	71	33	56	11
I feel this board adequately fulfils its accountability to the Minister of Health.	3.9	3.9	2	13	85	-	13	88
There are clearly defined expectations between Manitoba Health and this board.	3.2	2.2	31	18	50	50	50	-
Our board has the authorities required to operate the RHA effectively.	2.9	2.8	39	17	44	44	33	22
The shared authorities between RHAs and Manitoba Health lead to ambiguities in our role.	3.5	4.3	17	32	52	-	-	100
This board has been held accountable for decisions made by Manitoba Health and/or other government bodies.	3.7	3.3	7	28	65	22	22	56
I feel most accountable to the residents of this region for the impact of my decisions.	4.2	n/a	4	7	89	n/a	n/a	n/a
The purpose of RHA boards and regionalization is not well understood by residents of the region.	4.0	3.6	4	15	81	11	22	67

Accountability Information	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
I feel this board does an adequate job of reporting RHA performance.	3.8	3.8	7	15	79	11	11	78
Our board approves all accountability information, including the annual report.	4.2	4.2	1	10	89	-	11	89
This board ensures that accountability information is understandable.	3.8	3.8	4	22	75	11	11	78
Our published information is subject to audit or review.	4.1	4.2	-	15	85	-	11	89
The information this board provides to the public and to government allows an evaluation of RHA performance.	3.7	3.7	9	20	71	11	22	67

Shared Governance		
Mean Values Used	Board Members	CEO
RHA board	45	67
CEO of the RHA	25	17
Minister of Health	18	17
Manitoba Health	19	14
District Health Advisory Councils	9	5
Non-devolved boards	7	-

ATTRIBUTE #2: RATIONALE AND LINK TO COMMUNITY

Board Characteristics - Board Members	Mean		Importance			Extent		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	I	E	%			%		
Prior board experience.	3.5	3.5	14	35	51	12	37	51
Knowledge of government.	3.8	3.4	8	22	71	15	32	53
Related experience in health sector.	3.2	3.0	20	45	35	34	30	35
Known political affiliation.	1.8	2.7	74	19	7	39	38	23
Health or medical expertise.	2.8	2.7	38	40	23	45	32	23
Professional expertise (legal, financial, etc.).	3.4	3.0	18	32	50	27	45	28
General business knowledge.	3.7	3.3	5	38	57	14	43	44
Leadership skills.	4.1	3.5	2	14	85	10	35	55
Represent community demographics.	3.9	3.5	6	22	73	17	23	61
Represent special interest groups.	2.0	2.2	72	20	8	60	31	9
Represent community values/ethics.	4.2	3.9	2	14	84	3	24	74

Board Characteristics - CEOs	Mean		Importance			Extent		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	I	E	%			%		
Prior board experience.	3.2	3.2	11	56	33	11	56	33
Knowledge of government.	3.4	3.1	-	56	44	22	44	33
Related experience in health sector.	2.4	2.7	-	56	44	33	56	11
Known political affiliation.	1.7	2.3	78	11	11	63	13	25
Health or medical expertise.	2.1	2.2	67	33	-	56	44	-
Professional expertise (legal, financial, etc.).	3.2	2.6	22	44	33	44	56	-
General business knowledge.	3.7	2.9	44	33	22	11	78	11
Leadership skills.	4.4	3.7	-	-	100	11	33	56
Represent community demographics.	4.0	4.2	-	22	78	-	-	100
Represent special interest groups.	1.0	1.5	100	-	-	88	13	-
Represent community values/ethics.	4.0	3.8	22	-	78	22	-	78

Corporate Stake - Board Members			
Rank order of top three interests you feel you represent on your Board	Primary Interest	Secondary Interest	Third Interest
The clients/patients of the RHA	57	23	8
The communities within the region	18	33	16
The RHA as an organization	10	22	33
The citizens and taxpayers of Manitoba as a whole	8	9	19
The employees/professional staff of the RHA	2	7	10
The Minister of Health and/or Manitoba Health	3	4	8
A particular special interest or stakeholder group	1	1	3
Other?	1	-	2

AN EXAMINATION OF RHA GOVERNANCE IN MANITOBA

ATTRIBUTE #2: RATIONALE AND LINK TO COMMUNITY (CONT'D.)

Values	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
I believe this board adequately reflects the diverse nature of our regional community.	3.6	4.2	17	11	72	-	-	100
On this board, I am expected to reflect the values and priorities of my community.	3.4	4.0	27	12	61	11	-	89
This board has clarified the values and principles that guide our decisions.	4.0	4.3	5	14	82	-	-	100

Recruitment	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
The current composition of board members brings the necessary skills and experience to lead this RHA effectively.	3.6	3.9	15	17	68	-	22	78
I often rely on the expertise (financial, medical, legal) of other board members in making my decisions.	3.1	2.7	37	22	42	44	44	11
I am satisfied with the current method of appointing new members to this board.	3.3	3.2	27	22	52	33	22	44
Board member vacancies are filled on a timely basis.	2.9	2.9	37	23	40	33	33	33
In appointing members to this board, the government consults with the board on required qualifications and skills.	2.3	2.1	66	27	7	78	-	22
Our board has prepared a profile of our requirements of skills and experience for board member recruitment.	2.6	2.1	54	27	19	89	11	-

ATTRIBUTE #3: BOARD ROLES, RESPONSIBILITIES AND FUNCTIONS

Board Role	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
Board members understand their role and responsibilities on the board.	3.7	4.1	10	15	76	13	-	88
This board is accountable for the actions of the RHA.	4.1	4.2	3	9	88	-	-	100
As a board member, I provide constructive appraisal of the RHA's operations.	3.9	3.7	4	16	80	11	11	78
As a board member, I am an advocate for this RHA.	4.3	4.1	-	4	96	-	11	89

ATTRIBUTE #3: BOARD ROLES, RESPONSIBILITIES AND FUNCTIONS (CONT'D.)

Board Job	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
This board has a manageable job.	3.7	4.0	14	12	74	-	11	89
I have sufficient information as to my duties and responsibilities as an RHA board member.	4.0	n/a	46	9	85	n/a	n/a	n/a
I have a full understanding of my legal responsibilities and liabilities as a board member.	4.0	n/a	10	12	78	n/a	n/a	n/a
New board members are appropriately oriented to the board when appointed.	3.9	4.3	7	15	78	-	11	89
My board role is consistent with my expectations at the time I was appointed.	3.6	n/a	19	14	67	n/a	n/a	n/a

Board Functions - Board Members	Mean		Importance			Effectiveness		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	I	E	%			%		
Setting strategic direction and goals.	4.8	3.9	-	1	99	6	21	74
Selecting the CEO.	4.8	4.0	-	4	96	9	17	74
Evaluating the performance of the CEO.	4.7	3.8	-	1	99	12	18	70
Setting significant policies by which the RHA operates.	4.6	3.9	2	1	97	5	19	76
Ensuring Manitoba Health Policies are implemented.	4.3	4.1	1	13	86	2	18	80
Ensuring appropriate service standards and protocols are developed for the region.	4.4	3.8	1	12	87	6	27	67
Ensuring delivery of core services within the region.	4.6	3.9	-	3	97	3	25	73
Ensuring Community Needs Assessments are conducted.	4.4	4.0	1	8	91	2	18	80
Ensuring an effective health planning process is in place.	4.5	3.9	-	5	95	4	25	72
Making all significant business decisions.	3.6	3.5	18	25	57	14	33	53
Managing financial resources within the region.	4.0	3.8	14	7	79	11	19	69
Ensuring effective management information systems are in place.	4.4	3.6	2	5	93	8	32	60
Developing a communication plan for communities within the region.	4.4	3.4	2	7	91	14	38	49
Collaborating effectively with external stakeholders and organizations.	4.3	3.6	1	7	92	6	38	57
Bringing an external viewpoint to the RHA's attention.	4.1	3.5	1	23	76	10	40	50
Monitoring achievement of board objectives.	4.6	3.9	-	1	99	5	24	71
Providing input/advice to the Minister of Health on issues that affect the RHA.	4.6	3.7	1	6	93	19	15	66
Ensuring accountability obligations are met.	4.5	3.9	-	6	94	9	19	73

AN EXAMINATION OF RHA GOVERNANCE IN MANITOBA

ATTRIBUTE #3: BOARD ROLES, RESPONSIBILITIES AND FUNCTIONS (CONT'D.)

Board Functions - CEOs	Mean		Importance			Effectiveness		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	I	E	%			%		
Setting strategic direction and goals.	4.9	4.4	-	-	100	11	-	89
Selecting the CEO.	4.7	4.3	-	11	89	14	-	86
Evaluating the performance of the CEO.	4.8	4.7	-	-	100	-	11	89
Setting significant policies by which the RHA operates.	4.3	4.0	11	-	89	22	-	78
Ensuring Manitoba Health Policies are implemented.	3.6	3.6	11	22	67	22	11	67
Ensuring appropriate service standards and protocols are developed for the region.	3.9	3.2	11	11	78	22	11	67
Ensuring delivery of core services within the region.	4.1	3.9	-	11	89	-	11	89
Ensuring Community Needs Assessments are conducted.	4.4	4.1	-	-	100	11	-	89
Ensuring an effective health planning process is in place.	4.4	3.7	-	11	89	11	22	67
Making all significant business decisions.	2.6	3.2	44	33	22	22	33	44
Managing financial resources within the region.	2.8	3.3	44	22	33	33	22	56
Ensuring effective management information systems are in place.	3.0	2.7	33	33	33	22	44	22
Developing a communication plan for communities within the region.	3.7	3.4	11	22	67	22	11	67
Collaborating effectively with external stakeholders and organizations.	4.2	4.0	-	-	100	11	-	89
Bringing an external viewpoint to the RHA's attention.	3.9	3.7	-	33	67	11	11	78
Monitoring achievement of board objectives.	4.7	4.1	-	-	100	11	-	89
Providing input/advice to the Minister of Health on issues that affect the RHA.	4.3	3.3	-	-	100	22	33	44
Ensuring accountability obligations are met.	4.6	4.1	-	-	100	11	11	78

ATTRIBUTE #4: LEVEL OF COMMITMENT

Personal Stake	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
The goals of this RHA are important to me.	4.7	4.8	-	1	99	-	11	89
I knew a lot about this RHA before being appointed to this board.	2.8	n/a	47	21	32	n/a	n/a	n/a
The length of a board member's term of service is appropriate.	3.7	3.4	13	13	74	11	33	56
Due to the time commitment for this board, I had to give up other community activities.	3.4	n/a	29	15	56	n/a	n/a	n/a
I find the time commitment for this board to be excessive.	2.4	n/a	69	15	16	n/a	n/a	n/a
Attendance at board meetings is a problem for this board.	2.1	1.9	75	14	11	100	-	-
It is important to me to be viewed by other board members as doing a good job.	4.0	n/a	3	18	79	n/a	n/a	n/a
There are members of this board who spend less time on their tasks than is required to do an adequate job.	3.2	4.0	30	30	41	44	22	33
I feel appreciated and valued as a member of this board.	3.8	n/a	10	16	74	n/a	n/a	n/a
I sometimes feel that being a member of this board is a waste of my time.	2.0	n/a	80	9	12	n/a	n/a	n/a
I am satisfied with what has been accomplished since I have been on this board.	3.6	n/a	19	12	69	n/a	n/a	n/a
Board members place their reputations at stake by agreeing to serve on a RHA board.	3.1	3.8	34	28	38	13	25	63
I feel the stipend received for my involvement on this board is adequate.	2.9	2.9	43	16	41	33	33	33
Taking all things into account, I feel the personal rewards I have received from being a RHA board member outweighs the costs/effort.	3.8	n/a	11	15	75	n/a	n/a	n/a
I would serve another term if asked.	3.8	n/a	16	12	72	n/a	n/a	n/a

ATTRIBUTE #5: INFORMATION FOR DECISION-MAKING

Board Information	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
Overall, this board is presented with the appropriate information for decision-making.	3.8	4.3	8	15	77	-	-	100
Information that I am receiving is sufficient to enable me to participate in the decision-making of the board.	3.8	n/a	9	13	78	n/a	n/a	n/a
This board receives less information than is needed to do an adequate job.	2.3	1.9	74	15	11	89	11	-
Material required for board meetings is pre-circulated to board members in adequate time.	4.0	4.6	6	11	83	-	-	100
I am overwhelmed by the amount of material I need to review before board meetings.	2.7	n/a	56	23	22	n/a	n/a	n/a
Information provided to this board is understandable without being over-simplified.	3.8	3.9	6	12	82	-	11	89
The board receives regular reports on finances/budgets that are clear to me.	4.1	4.6	3	8	89	-	-	100
I often find that the information we receive has too many acronyms and technical terms.	2.7	2.4	51	30	19	56	44	-
In making decisions, I am provided with several alternative courses of action from which to select.	3.3	3.7	17	37	46	11	22	67
I rarely ask for information beyond that provided to the board.	2.5	2.6	59	24	17	44	33	22
I am generally satisfied with the advice and recommendations that I receive from senior management of the RHA.	3.9	n/a	5	8	87	n/a	n/a	n/a
The board assesses its information needs on a regular basis.	3.3	3.8	22	26	52	-	33	67
Information currently provided to the board:								
- Has an appropriate level of detail.	3.8	4.3	10	11	79	-	11	89
- Is a complete and fair representation of all facts.	3.8	4.6	8	15	77	-	-	100
- Is received in a timely manner for effective decision-making.	3.7	4.3	13	20	67	-	-	100
- Provides an historical perspective.	3.6	4.1	11	26	63	-	11	89
- Gives a future-oriented perspective.	3.8	4.3	4	21	75	-	-	100
- Explains significant issues, changes, or problems which affect the RHA.	3.9	4.3	6	15	79	-	11	89
- Monitors RHA performance and progress against plan.	3.7	3.9	7	35	68	11	-	89
- Allows the board to use resources effectively and efficiently.	3.6	3.6	7	32	61	-	44	56

Manitoba Health Information	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
Manitoba Health provides the RHA with appropriate information for the board to do an adequate job.	3.0	2.4	29	39	33	56	33	11
RHAs receive information from Manitoba Health in a timely fashion.	2.9	2.3	33	42	26	56	33	11
I am generally satisfied with the information I receive from Manitoba Health.	3.2	2.9	27	27	46	33	44	22

ATTRIBUTE #6: BOARD ORGANIZATION

Board Organization	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
CULTURE								
Overall, this board works well together as a team.	4.1	4.3	3	11	86	-	11	89
Most board members participate in the discussion at board meetings.	3.9	4.0	12	6	83	-	11	89
All board members have the opportunity to express their views at board meetings.	4.4	4.6	4	2	94	-	-	100
I feel comfortable taking an opposing view from others at a board meeting.	4.1	4.1	4	5	91	-	-	100
I believe having opposing views on the board enhances the discussion and contributes to the decisions made by the board.	4.1	4.1	4	5	91	-	11	89
Opposing viewpoints on this board makes decisions difficult.	2.2	2.0	76	20	5	89	11	-
This board is unable to resolve conflicting positions.	2.1	2.0	86	7	7	89	11	-
I feel that I have less influence over board decisions than do other board members.	2.1	n/a	83	9	8	n/a	n/a	n/a
There are no hidden agendas amongst board members.	3.5	3.2	22	21	56	11	56	33
Once a decision has been made, the board puts any differences aside and assumes collective responsibility for that decision.	4.0	3.9	2	10	88	-	11	89
STRUCTURE								
Our board by-laws are adequate and reviewed periodically.	4.0	4.2	7	11	82	-	11	89
I am satisfied that all conflicts of interest as well as related party transactions, are disclosed to the board in a timely manner.	3.9	4.3	5	19	76	-	-	100
Our board has the authorities required to operate the RHA effectively.	2.9	2.8	39	17	44	44	33	22
I believe the Policy Governance approach utilized by RHA boards enables us to govern effectively.	3.7	4.2	8	26	66	-	11	89

ATTRIBUTE #6: BOARD ORGANIZATION (CONT'D.)

Board Organization	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
COMMITTEES								
This board has established the appropriate committees.	4.0	4.4	4	10	86	-	-	100
Each of the committees understands what is expected of it.	3.8	4.2	11	13	76	-	11	89
There is some confusion between the authority of this board and the authority of committees.	2.2	2.0	73	18	9	89	11	-
Overall, each committee does a good job of carrying out its responsibilities.	4.0	4.0	3	14	84	-	-	100
PROCESSES/TRAINING								
This board understands its job.	3.9	4.1	8	9	84	-	11	89
New board members are appropriately oriented to the board when appointed.	3.9	4.3	7	16	77	-	11	89
I feel I have been provided with enough developmental and training opportunities to help me do the job required.	3.7	3.4	11	25	64	11	33	56
Our Chairperson does a good job of facilitating the board.	4.0	4.2	7	13	80	-	11	89
The process in place for selecting/changing the Chairperson is appropriate.	2.9	3.4	33	39	28	-	56	44
Minutes of board meetings accurately reflect the proceedings.	4.3	4.4	3	5	92	-	-	100
Our agendas deal with too many trivial matters.	2.5	2.0	65	17	18	78	22	-
The number of board meetings held per year is sufficient for this board to be effective.	4.1	4.2	6	3	91	-	-	100
The board has a process for handling urgent matters between meetings.	4.0	3.7	6	7	87	-	22	78

ATTRIBUTE #7: EXTERNAL RELATIONSHIPS

Relationship with Government	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
RHA accountability to the Minister of Health is clearly understood.	3.6	2.8	19	10	71	33	56	11
I feel this board adequately fulfils its accountability to the Minister of Health.	3.9	3.9	2	13	85	-	13	88
I feel our RHA is overly constrained by legislation and/or regulations.	2.9	2.7	44	28	29	33	67	-
Our board has the authorities required to operate the RHA effectively.	2.9	2.8	39	17	44	44	33	22
RHAs are appropriately independent of government to make effective decisions for their region.	2.4	2.0	59	18	22	78	11	11
The shared authorities between RHAs and Manitoba Health lead to ambiguities in our role.	3.5	4.3	-	32	52	-	-	100
This board has been held accountable for decisions made by Manitoba Health and/or other government bodies.	3.7	3.3	7	28	65	22	22	56
The government's long-term goals to improve healthcare are clear to me.	3.0	2.3	42	16	42	78	11	11
The vision, mission and operations of this RHA are aligned with those of government.	3.5	3.6	14	25	61	11	22	67
The government has identified specific objectives that it expects the RHA to achieve.	3.1	2.2	30	27	43	78	22	-
Sometimes, the public policy initiatives that the government expects the board to undertake are not compatible with our operational performance targets or objectives.	3.4	3.8	13	38	49	-	22	78
In general, RHAs have sufficient control over healthcare in Manitoba.	2.6	2.4	54	23	24	50	50	-
Overall, the relationship between this RHA and government is improving.	3.5	3.3	11	36	53	25	38	38

Communication with Government	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
There are clearly defined expectations between Manitoba Health and this board.	3.2	2.2	31	18	50	50	50	-
Manitoba Health provides this board with a consistent message about government expectations.	2.8	2.0	46	23	31	89	11	-
There is effective consultation between government and RHAs.	3.1	2.7	25	39	37	56	22	22
In appointing members to this board, the government consults with this board on required qualifications and skills.	2.3	2.1	66	27	7	78	-	22
The board consults appropriately with the Minister of Health (or delegates) in making its decisions.	3.4	3.4	15	25	61	13	38	50
There is insufficient coordination between this RHA and Manitoba Health.	3.0	2.6	36	33	32	38	50	13
Manitoba Health provides appropriate information for the RHA to do an adequate job.	3.0	2.4	29	39	33	56	33	11
RHAs receive information from Manitoba Health in a timely fashion.	2.9	2.3	33	42	26	56	33	11
I am generally satisfied with the information received from Manitoba Health.	3.2	2.9	27	27	46	33	44	22
This RHA has sufficient influence over provincial health policy decisions that affect our region.	2.6	2.6	53	25	22	56	22	22

ATTRIBUTE #7: EXTERNAL RELATIONSHIPS (CONT'D.)

Other External Relationships	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
PUBLIC								
I feel most accountable to the residents of the region for the impact of my decisions.	4.2	n/a	4	7	89	n/a	n/a	n/a
I believe the board is effective in communicating the RHA's strategic direction and priorities with the community.	3.5	3.8	19	17	64	11	22	67
I believe our board adequately considers the interests of key stakeholders in making its decisions.	3.9	4.1	6	10	84	-	-	100
I am confident that the level of community consultation provides an accurate understanding of what residents want for this RHA.	3.3	3.8	26	25	50	11	11	78
As an RHA board member, I feel pressure from too many groups with conflicting views.	2.4	2.7	65	23	12	56	33	11
DHACs								
The role of DHACs in our region has not been adequately clarified.	3.0	2.4	41	23	36	50	38	13
Our DHACs have contributed effectively to the performance of this RHA.	3.0	3.3	32	37	31	13	50	38
I am satisfied with the working relationship our RHA has with our DHACs.	3.1	3.4	32	24	44	25	25	50
OTHER RHAs								
Our RHA has a good relationship with our neighbouring RHAs.	3.7	4.2	1	34	65	-	-	100
The decisions of neighbouring RHAs have an impact on our work.	3.0	3.7	33	36	31	11	22	67
The Council of Chairs is an effective approach for RHA collaboration.	3.6	3.6	10	28	62	-	38	63
I believe RHAs are working together well.	3.5	4.2	7	44	49	-	-	100
MISCELLANEOUS								
There is confusion between the role of this RHA and the role of non-devolved boards within our region.	2.8	2.3	46	28	26	72	-	29
The level of influence of municipal governments on RHA decisions is appropriate.	3.3	3.8	16	31	53	-	38	63

ATTRIBUTE #8: INTERNAL RELATIONSHIPS

CEO Role and Authority	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
The board has set clear expectations for the CEO.	4.0	3.9	11	6	84	11	-	89
This board and the CEO share a common view of the RHA's position.	4.1	4.3	5	10	85	11	-	89
The CEO acts to further the objectives/policies developed by the board.	4.3	4.3	1	4	95	-	-	100
The job of the CEO is the most important of the RHA.	3.6	3.6	25	12	63	13	25	63
This board and its CEO are colleagues working for the same goal but with different tasks.	4.1	4.3	5	7	88	-	-	100
I expect the CEO to know what is going on in the RHA and be able to tell me.	4.7	4.7	1	2	97	-	11	89
I feel the board adequately conducts performance evaluations of the CEO.	3.8	4.3	11	19	70	-	13	88
The board has a specific process and criteria for recruiting and appointing a CEO.	3.8	3.9	6	26	67	-	25	75
The board has established an effective working relationship with physicians/medical practitioners.	3.5	3.6	17	21	62	-	44	56
I am generally satisfied with the advice and recommendations that I receive from senior management of the RHA.	3.9	n/a	5	8	87	n/a	n/a	n/a
The lines of responsibility between this board and the CEO have been clearly delineated.	4.0	4.3	4	10	86	-	11	89
I do not feel it is right for me to second guess the decisions made by senior management of the RHA who are experienced professionals.	2.5	n/a	63	19	18	n/a	n/a	n/a
I often feel that we cannot reverse decisions that were pre-made by RHA management prior to the board meeting.	2.5	4.0	61	24	16	-	14	86
The CEO shares responsibility with the board for the RHA's effectiveness.	4.1	4.8	4	5	91	-	-	100
Ultimately, our CEO is more responsible for the effective running of this RHA than we are as board members.	3.5	4.0	26	12	62	11	11	78
Any authorities not specifically those of the board fall within the authority of the CEO.	3.9	4.4	10	17	73	-	-	100

ATTRIBUTE #9: BOARD EFFECTIVENESS

Board Effectiveness	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
I believe this board is carrying out its responsibilities effectively.	3.9	4.3	12	10	79	11	-	89
I am satisfied with the performance of this RHA in achieving the goals established by the board.	3.7	4.1	10	15	75	11	-	89
I am satisfied with what has been accomplished since being a member of this board.	3.6	n/a	19	12	69	n/a	n/a	n/a
I sometimes feel that being a member of this board is a waste of my time.	2.0	n/a	80	9	12	n/a	n/a	n/a
I believe this board is effective when the services of the RHA meet the health needs of the community.	4.3	4.2	1	7	92	-	11	89
This board has had a positive impact on healthcare in our region.	3.8	4.0	5	20	75	-	11	89
This board has established measures that evaluate the effectiveness of the board as a whole.	3.9	4.3	7	16	77	-	-	100
Board performance should be evaluated on a periodic basis.	4.2	4.6	-	3	97	-	-	100
Board evaluations conducted result in changes being made to improve board performance.	3.6	3.8	11	25	64	11	11	78
On a periodic basis, our board provides an assessment of its effectiveness to the Minister of Health/Manitoba Health.	3.4	2.9	17	30	53	44	22	33
On a periodic basis, our board evaluates the contribution of individual board members.	2.7	3.6	49	17	34	22	11	67

Board Decision-Making (Output)	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
Overall, this board is presented with appropriate information to make decisions.	3.8	4.3	8	15	77	-	-	100
Information that I am receiving is sufficient to enable me to participate in the decision-making of the board.	2.8	n/a	9	13	75	n/a	n/a	n/a
Decision-making is difficult because some board members represent special interests.	2.8	2.3	48	23	29	78	11	11
Decision-making is difficult because some board members do not understand the issues facing this RHA.	2.7	2.3	55	18	27	78	11	11
Decisions made by this board are reconsidered too often.	2.1	2.0	84	12	5	78	22	-
This board becomes too involved with day-to-day management decisions.	2.0	2.0	79	12	9	78	11	11
Debates on matters before the board may result in changes to management's original proposal and recommendation.	3.6	3.6	11	17	73	11	22	67
Once a decision has been made, the board puts any differences aside and assumes collective responsibility for that decision.	4.0	3.9	2	10	88	-	11	89
I believe our board adequately considers the interests of key stakeholders in making its decisions.	3.9	4.1	6	10	84	-	-	100
Public pressure sometimes forces our board to make decisions we would not otherwise make.	2.7	3.0	52	29	19	33	33	33
RHAs are appropriately independent of government to make effective decisions for their region.	2.4	2.0	59	18	22	78	11	11
I am confident our board generally makes good decisions.	4.0	4.2	5	8	87	-	-	100

ATTRIBUTE #9: BOARD EFFECTIVENESS (CONT'D.)

Board Impact	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
This board is clear on its desired outcomes for this RHA.	4.0	4.2	5	13	82	11	11	78
This board often acts as a "rubber stamp" for conclusions reached by management.	3.7	2.2	54	15	31	89	-	11
I often feel that we cannot reverse decisions that were pre-made by RHA management prior to the board meeting.	2.5	4.0	61	24	16	-	14	86
The board has made major changes in the policy recommendations of senior management.	2.7	2.1	48	31	21	56	44	-

OTHER

	Mean		Board Members			CEOs		
			Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly	Disagree/ Disagree Strongly	Neutral	Agree/ Agree Strongly
	BM	CEO	%			%		
This board has had a positive impact on healthcare in our region.	3.8	4.0	5	20	75	-	11	89
I feel the pace of change in the regionalization of healthcare has been too rapid.	2.4	1.9	67	19	14	89	11	-
I am confident that the healthcare system in Manitoba is improving and will continue to do so.	3.1	3.9	27	34	39	-	22	78

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Copies of this report may be obtained by contacting:

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500-330 PORTAGE AVENUE

WINNIPEG, MANITOBA CANADA R3C 0C4

PHONE: 204 945 3790 FAX: 204 945 2169

EMAIL: contact@oag.mb.ca

WEBSITE: www.oag.mb.ca

REPORT PREPARED BY
Maria Capozzi, Principal

DESKTOP PUBLISHER
Sandra Humbert

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